

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000132600

**Entity Name:** CASSIDY SOLUTIONS GROUP, LLC

**Current Principal Place of Business:**

4642 WEST LONGFELLOW AVENUE  
TAMPA, FL 33629

**Current Mailing Address:**

4642 WEST LONGFELLOW AVENUE  
TAMPA, FL 33629 US

**FEI Number:** 81-3150934

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CASSIDY, THOMAS  
4642 WEST LONGFELLOW AVENUE  
TAMPA, FL 33629 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** THOMAS CASSIDY

01/30/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CASSIDY, THOMAS  
Address 4642 WEST LONGFELLOW AVENUE  
City-State-Zip: TAMPA FL 33629

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS CASSIDY

MGR

01/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date