

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000150314

**Entity Name:** LIETZ SOLUTIONS LLC

**Current Principal Place of Business:**

18200 PAULSON DR.  
SUITE 6  
PORT CHARLOTTE, FL 33954

**Current Mailing Address:**

18200 PAULSON DR.  
SUITE 6  
PORT CHARLOTTE, FL 33954 US

**FEI Number:** 81-4361277

**Certificate of Status Desired:** No

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

LIETZ, PETRA KATHARINA  
18200 PAULSON DR, #6  
PORT CHARLOTTE, FL 33954 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            LIETZ, MARCO  
Address        15144 LAKELAND CIRCLE  
City-State-Zip: PORT CHARLOTTE FL 33981

Title            AMBR  
Name            LIETZ, PETRA KATHARINA  
Address        15144 LAKELAND CIRCLE  
City-State-Zip: PORT CHARLOTTE FL 33981

*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:** MARCO LIETZ

AMBR

01/03/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date