

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000197631

**Entity Name:** CURTA SOLUTIONS, LLC

**Current Principal Place of Business:**

8989 BIDDLE CT.  
WELLINGTON, FL 33414

**Current Mailing Address:**

8989 BIDDLE CT.  
WELLINGTON, FL 33414 US

**FEI Number:** 82-2964607

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
A  
TAMPA, FL 33612 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 DYK, WIKUS V  
Address 8989 BIDDLE CT.  
City-State-Zip: WELLINGTON FL 33414

Title AMBR  
Name BLOUDEK, BRIAN  
Address 8989 BIDDLE CT.  
City-State-Zip: WELLINGTON FL 33414

Title AMBR  
Name WHALEY, KEITH  
Address 8989 BIDDLE CT.  
City-State-Zip: WELLINGTON FL 33414

Title AMBR  
Name LEITH, PETER  
Address 8989 BIDDLE CT.  
City-State-Zip: WELLINGTON FL 33414

*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:** PETER LEITH

**PARTNER**

**04/03/2019**

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

\_\_\_\_\_  
Date