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: ROSELAINE HARTMANN

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :					
Title	MANAGER	Title	MANAGER		
Name	HARTMANN, ROSELAINE	Name	DA COSTA, FLORIANO PAULINO		
Address	7814 PINE HAVEN CT	Address	7814 PINE HAVEN CT		

City-State-Zip: ORLANDO FL

MGR

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.

City-State-Zip: ORLANDO FL 32819

SIGNATURE: ROSELAINE HARTMANN

	Electronic Signature of Registered Agent					
uthorized Person(s) Detail :						
ïtle	MANAGER	Title	MANAGER			
lame	HARTMANN, ROSELAINE	Name	DA COSTA, FLORIANO PAULIN			

# FEI Number: 32-0594175

# Name and Address of Current Registered Agent:

HARTMANN, ROSELAINE 7814 PINE HAVEN CT ORLANDO, FL 32819 US

7814 PINE HAVEN CT ORLANDO, FL 32819 US

**Current Mailing Address:** 

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

ORLANDO, FL 32819

7814 PINE HAVEN CT

# DOCUMENT# L18000048573

Entity Name: HARTMANN BUSINESS SOLUTIONS LLC

### **Current Principal Place of Business:**

6870929955CC

Certificate of Status Desired: No

Date

06/04/2020 Date

06/04/2020

FILED Jun 04, 2020 Secretary of State