

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000003845

**Entity Name:** DAVIE SOLUTION CARRIER LLC

**Current Principal Place of Business:**

470 1SW 48 AV.  
DAVIE, FL 33314

**Current Mailing Address:**

4701 SOUTHWEST 48TH AVENUE  
DAVIE, FL 33314 US

**FEI Number:** 83-3317968

**Certificate of Status Desired:** Yes

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

POLO, APOLINAR A  
4701 SOUTHWEST 48TH AVENUE  
DAVIE, FL 33314 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            OWNER  
Name            POLO, APOLINAR P  
Address        4701SW 48 AV.  
City-State-Zip: DAVIE FL 33314

*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:** APOLINAR P POLO

OWNER

05/13/2021

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

\_\_\_\_\_  
Date