

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000007889

**Entity Name:** TAILS SOLUTIONS LLC

**Current Principal Place of Business:**

12603 LAKE SQUARE CIR., APT. 215  
ORLANDO, FL 32821

**Current Mailing Address:**

12603 LAKE SQUARE CIR., APT. 215  
ORLANDO, FL 32821 US

**FEI Number: 84-4352742**

**Certificate of Status Desired: No**

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

POTTER, CHRISTOPHER S  
12603 LAKE SQUARE CIR., APT. 215  
ORLANDO, FL 32821 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 MGR  
Name POTTER, CHRISTOPHER S  
Address 12603 LAKE SQUARE CIR., APT. 215  
City-State-Zip: ORLANDO FL 32821

Title MGR  
Name POTTER, CASSIE J  
Address 12603 LAKE SQUARE CIR., APT. 215  
City-State-Zip: ORLANDO FL 32821

*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: CHRISTOPHER POTTER**

**MGR**

**06/29/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date