## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000196693

**Entity Name: TERNION SOLUTION LLC** 

**Current Principal Place of Business:** 

3901 NW 79TH AVE SUITE 245 #1804

MIAMI. FL 33166

**Current Mailing Address:** 

27 FARMVIEW LN

WATERFORD, NY 12188 US

FEI Number: 85-2091583 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC 7901 4TH ST N SUITE 300

ST. PETERSBURG, FL 33702 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: BILL HAVRE 02/23/2024

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title AMBR Title AMBR

Name ARORA, SHOBITA Name KHAN, FAKHRA

Address 3901 NW 79TH AVE SUITE 245 #1804 Address 3901 NW 79TH AVE SUITE 245-1804

City-State-Zip: MIAMI FL 33166 City-State-Zip: MIAMI FL 33166

Title AMBR

Name OMAIR, GHAZAL

Address 3901 NW 79TH AVE SUITE 245-1804

City-State-Zip: MIAMI FL 33166

SIGNATURE: SHOBITA ARORA

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.

Electronic Signature of Signing Authorized Person(s) Detail

**AUTHORIZED MEMBER** 

02/23/2024

FILED Feb 23, 2024

**Secretary of State** 

6958269315CC

Date