

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000220958

**Entity Name:** 1117 SOLUTIONS, LLC

**Current Principal Place of Business:**

1631 DEL PRADO BLVD.  
#300  
CAPE CORAL, FL 33990

**Current Mailing Address:**

1631 DEL PRADO BLVD.  
#300  
CAPE CORAL, FL 33990 US

**FEI Number:** 86-3967124

**Certificate of Status Desired:** No

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

HILL, DERRICK  
1631 DEL PRADO BLVD.  
#300  
CAPE CORAL, FL 33990 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            HILL, DERRICK D SR.  
Address        615 SW 23RD ST.  
City-State-Zip: CAPE CORAL FL 33991

*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:** DERRICK HILL

**MANAGER**

**04/14/2024**

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

\_\_\_\_\_  
Date