

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000484161

**Entity Name:** CORREA SOLUTIONS LLC

**Current Principal Place of Business:**

65 WASHINGTON AV.  
#1  
MIAMI, FL 33139

**Current Mailing Address:**

65 WASHINGTON AV.  
#1  
MIAMI, FL 33139 US

**FEI Number:** 87-3478218

**Certificate of Status Desired:** Yes

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

ANDRICKSON, CLARISSA J  
65 WASHINGTON AV.  
#1  
MIAMI, FL 33139 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 CORREA, LUIS  
Address 65 WASHINGTON AV.  
#1  
City-State-Zip: MIAMI FL 33139

Title MANAGER  
Name ANDRICKSON, CLARISSA JOSEFA  
Address 65 WASHINGTON AV.  
#1  
City-State-Zip: MIAMI FL 33139

*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:** LUIS R. CORREA

MANAGER

03/15/2025

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

\_\_\_\_\_  
Date