

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000204289

**FILED**  
**Apr 23, 2024**  
**Secretary of State**  
**2415439743CC**

**Entity Name:** CONNECTIVE BUSINESS SOLUTION PLLC

**Current Principal Place of Business:**

6900 TAVISTOCK LAKES BLVD  
STE 400  
ORLANDO, FL 32827

**Current Mailing Address:**

6900 TAVISTOCK LAKES BLVD  
STE 400  
ORLANDO, FL 32827 US

**FEI Number:** 88-2397311

**Certificate of Status Desired:** Yes

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

REGISTERED AGENTS INC  
7901 4TH ST N  
STE 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:** DAVID ROBERTS

04/23/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	GEFFRARD, ERLIE	Name	GEFFRARD, DIDIER
Address	6900 TAVISTOCK LAKES BLVD SUITE 400	Address	6900 TAVISTOCK LAKES BLVD SUITE 400
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827

*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:** ERLIE GEFFRARD

MGR

04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date