

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000383315

**Entity Name:** LEHRMANN SOLUTIONS LLC

**Current Principal Place of Business:**

9321 WEST 32 LN  
HIALEAH, FL 33018

**Current Mailing Address:**

9321 WEST 32 LN  
HIALEAH, FL 33018 US

**FEI Number:** 92-0244721

**Certificate of Status Desired:** No

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

DAVID, LEHRMANN  
9321 WEST 32 LN  
HIALEAH, FL 33018 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	Title	MGR
Name	DAVID, LEHRMANN	Name	ANDRE, LEHRMANN
Address	9321 WEST 32 LN	Address	9321 WEST 32 LN
City-State-Zip:	HIALEAH FL 33018	City-State-Zip:	HIALEAH FL 33018

*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:** DAVID , LEHRMANN

**MGR**

**03/22/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date