

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000086819

**Entity Name:** F7 SOLUTIONS LLC

**Current Principal Place of Business:**

16434 WOODSIDE GLEN  
PARRISH, FL 34219

**Current Mailing Address:**

16434 WOODSIDE GLEN  
PARRISH, FL 34219 US

**FEI Number:** 92-3129946

**Certificate of Status Desired:** No

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

KATIA PEREIRA NUNES, FRANCIELLY  
16434 WOODSIDE GLEN  
PARRISH, FL 34219 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 KATIA PEREIRA NUNES, FRANCIELLY  
Address 1991 S. KIRKMAN RD. APT 54  
City-State-Zip: ORLANDO FL 32811

Title AMBR  
Name CAMILA PEREIRA NUNES, FLAVIA  
Address RUA SANTA LUZIA NÂ°04  
City-State-Zip: CRAIRA AL 57320

*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:** FRANCIELLY KATIA PEREIRA NUNES

**OWNER**

**03/11/2024**

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

\_\_\_\_\_  
Date