

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000098426

**Entity Name:** F2F SOLUTIONS, LLC

**Current Principal Place of Business:**

96 AZURA PT  
SAINT JOHNS, FL 32259

**Current Mailing Address:**

96 AZURA PT  
SAINT JOHNS, FL 32259

**FEI Number:** 92-2984103

**Certificate of Status Desired:** Yes

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

LINGAMGUNTA, LAKSHMI N  
96 AZURA PT  
SAINT JOHNS, FL 32259 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 LINGAMGUNTA, NEELIMA  
Address 96 AZURA PT  
City-State-Zip: SAINT JOHNS FL 32259

Title MANAGER  
Name LINGAMGUNTA, LAKSHMI N  
Address 96 AZURA PT  
City-State-Zip: SAINT JOHNS FL 32259

*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:** LINGAMGUNTA, LAKSHMI, N

MANAGER

03/19/2024

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

\_\_\_\_\_ Date