

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000541762

**Entity Name:** REDBEARD SOLUTIONS LLC

**Current Principal Place of Business:**

3414 GROVE BLOSSOM LN  
PLANT CITY, FL 33567

**Current Mailing Address:**

3414 GROVE BLOSSOM LN  
PLANT CITY, FL 33567 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE , FL 32202 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:** ERIK TREUTLEIN, US CORP. AGENTS

04/13/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name KNOLL, PAUL DEAN  
Address 3414 GROVE BLOSSOM LN  
City-State-Zip: PLANT CITY FL 33567

Title AMBR  
Name KNOLL, AMANDA LOUISE  
Address 3414 GROVE BLOSSOM LN  
City-State-Zip: PLANT CITY FL 33567

*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:** AMANDA KNOLL

MANAGING MEMBER

04/13/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date