

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000475587

**Entity Name:** TRANSEEDGE SOLUTIONS LLC

**Current Principal Place of Business:**

15673 SOUTHERN BLVD  
#107-285  
LOXAHATCHEE GROVES, FL 33470

**Current Mailing Address:**

15673 SOUTHERN BLVD  
#107-285  
LOXAHATCHEE GROVES, FL 33470 US

**FEI Number:** 32-2704678

**Certificate of Status Desired:** No

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

JOSAN, MANOHARDEEP  
15673 SOUTHERN BLVD  
#107-285  
LOXAHATCHEE GROVES, FL 33470 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  
Name JOSAN, MANOHARDEEP  
Address 15673 SOUTHERN BLVD  
#107-285  
City-State-Zip: LOXAHATCHEE FL 33470

Title AMBR  
Name SAREEN, AMAN  
Address 1363 JALANDHAR KUNJ, EXT 1  
City-State-Zip: JALANDHAR PB 14401-3

Title AMBR  
Name SINGH, SIMRANJEET  
Address C-1/B MANSAROVER GARDEN  
City-State-Zip: DELHI DL 11001-5

*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:** MANOHARDEEP JOSAN

MGR

01/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date