

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000513220

**Entity Name:** ATZ SOLUTION LLC

**Current Principal Place of Business:**

301 S MCDOWELL STREET  
SUITE 125-2206  
CHARLOTTE, NC 28204

**Current Mailing Address:**

301 S MCDOWELL STREET  
SUITE 125-2206  
CHARLOTTE, NC 28204 US

**FEI Number:** 87-3463456

**Certificate of Status Desired:** Yes

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

ROBERTS, DAVID  
7901 4TH ST N, STE 300  
ST. PETERSBURG, FL 33702 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 CEO  
Name NABI, MDNURUN  
Address 301 S MCDOWELL STREET, SUITE  
125-2206  
City-State-Zip: CHARLOTTE NC 28204

*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:** MDNURUN NABI

**PRESIDENT**

**04/30/2025**

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

\_\_\_\_\_  
Date