

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003820

**Entity Name:** SNAP SOLUTIONS, LLC

**Current Principal Place of Business:**

14241 MIDLOTHIAN TPKE STE 247  
MIDLOTHIAN, VA 23113

**Current Mailing Address:**

14241 MIDLOTHIAN TPKE STE 247  
MIDLOTHIAN, VA 23113 US

**FEI Number:** 27-0840877

**Certificate of Status Desired:** No

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

BROWN, KYLE  
3034 CHAVEZ AVE  
CLERMONT, FL 34715 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                                            | Title           | MGR                         |
| Name            | BROWN, KYLE                                    | Name            | ROMINIECKI, DONNA L         |
| Address         | 3034 CHAVEZ AVE                                | Address         | 1421 PROVIDENCE KNOLL DR    |
| City-State-Zip: | CLERMONT FL 34715                              | City-State-Zip: | NORTH CHESTERFIELD VA 23236 |
|                 |                                                |                 |                             |
| Title           | MGR APPOINTED BY MEMBER POINT<br>CLICK EAT LLC |                 |                             |
| Name            | MOWBRAY, DAVID C                               |                 |                             |
| Address         | 43262 BALTUSROL TERRACE                        |                 |                             |
| City-State-Zip: | ASHBURN VA 20147                               |                 |                             |

*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:** KYLE BROWN

**MANAGER**

**02/15/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date