

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000002182

Entity Name: NEXXUS SOLUTIONS GROUP, LLC**Current Principal Place of Business:**3670 MAGUIRE BOULEVARD
SUITE 300
ORLANDO, FL 32803**Current Mailing Address:**3670 MAGUIRE BOULEVARD
SUITE 300
ORLANDO, FL 32803 US**FEI Number:** 45-4735912**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** AMY S. ZEIGLER

04/28/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CHIEF EXECUTIVE OFFICER
Name	HAYNE, RICHARD R.
Address	3670 MAGUIRE BOULEVARD SUITE 300
City-State-Zip:	ORLANDO FL 32803

Title	SENIOR VICE PRESIDENT
Name	FALCONE, LINDA G.
Address	3670 MAGUIRE BOULEVARD SUITE 300
City-State-Zip:	ORLANDO FL 32803

Title	CHIEF FINANCIAL OFFICER
Name	MARTIN , STEVE
Address	3670 MAGUIRE BOULEVARD SUITE 300
City-State-Zip:	ORLANDO FL 32803

Title	AUTHORIZED REPRESENTATIVE
Name	CAPON, CRAIG
Address	3670 MAGUIRE BOULEVARD SUITE 300
City-State-Zip:	ORLANDO FL 32803

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: CRAIG CAPON**AUTHORIZED
REPRESENTATIVE**

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date