

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000003572

Entity Name: E-ALTERNATIVE SOLUTIONS, LLC**Current Principal Place of Business:**20 THORNDAL CIRCLE
DARIEN, CT 06820**Current Mailing Address:**20 THORNDAL CIRCLE
DARIEN, CT 06820 US**FEI Number:** 46-5251504**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CFO
Name ROMANOW, HOWARD
Address 20 THORNDAL CIRCLE
City-State-Zip: DARIEN CT 06820

Title SECRETARY
Name HOWARD, CHRIS
Address 459 EAST 16TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title ASST. SECRETARY
Name CIPRIANO, ANTHONY V.
Address 20 THORNDAL CIRCLE
City-State-Zip: DARIEN CT 06820

Title VP, ASST. SECRETARY
Name BROWN, JEFFREY
Address 459 EAST 16TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title VP, ASST. SECRETARY
Name BRANDSTAETTER, RAY
Address 459 EAST 16TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title ASST. SECRETARY
Name VAQUERO, JOSEPH
Address 20 THORNDAL CIRCLE
City-State-Zip: DARIEN CT 06820

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: ANTHONY V. CIPRIANO**ASSISTANT SECRETARY 03/03/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date