

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000000240

Entity Name: NAKUPUNA SOLUTIONS, LLC**Current Principal Place of Business:**251 18TH ST. SOUTH
SUITE 1005
ARLINGTON, VA 22202**Current Mailing Address:**251 18TH ST. SOUTH
SUITE 1005
ARLINGTON, VA 22202 US**FEI Number:** 82-3673625**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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MEMBER
Name	FOGLE, MIKE
Address	251 18TH ST. SOUTH SUITE 1005
City-State-Zip:	ARLINGTON VA 22202

Title	MEMBER
Name	GREENAWALT, JASON
Address	3375 KOAPAKA STREET SUITE B200
City-State-Zip:	HONOLULU HI 96819

Title	MGR/MBR
Name	NAKUPUNA FOUNDATION
Address	3375 KOAPAKA STREET, SUITE C32
City-State-Zip:	HONOLULU HI 96819

Title	MEMBER
Name	MCDONALD, SUZANNE
Address	251 18TH ST. SOUTH SUITE 1005
City-State-Zip:	ARLINGTON VA 22202

Title	MEMBER
Name	LOO, CARIANN AH
Address	3375 KOAPAKA STREET SUITE C320
City-State-Zip:	HONOLULU HI 96819

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: JASON GREENAWALT

MEMBER

04/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date