

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000003990

**Entity Name:** LV SOLUTIONS, LLC

**Current Principal Place of Business:**

555 SOUTH LAKE DESTINY DRIVE  
ORLANDO , FL 32810

**Current Mailing Address:**

555 SOUTH LAKE DESTINY DRIVE  
ORLANDO , FL 32810 US

**FEI Number:** 59-3740327

**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 COO, DIRECTOR, SECRETARY  
Name SCHOONOVER, KURT  
Address 10566 E. SPLITSTONE DR  
City-State-Zip: PINCKNEY MI 48169

Title CFO, DIRECTOR, TREASURER  
Name GRIGSBY, MICHAEL  
Address 555 SOUTH LAKE DESTINY DRIVE  
City-State-Zip: ORLANDO FL 32810

Title AUTHORIZED REPRESENTATIVE,  
CEO, PRESIDENT, DIRECTOR  
Name HEATH, TERRY  
Address 720 CLINTON ST  
APARTMENT 412  
City-State-Zip: HOBOKEN NJ 07030

Title DIRECTOR  
Name KROHN, DAVID  
Address 555 SOUTH LAKE DESTINY DRIVE  
City-State-Zip: ORLANDO FL 32810

Title DIRECTOR  
Name DARWENT, DARREN  
Address 555 SOUTH LAKE DESTINY DRIVE  
City-State-Zip: ORLANDO FL 32810

Title DIRECTOR  
Name FARRELL, DEAN  
Address 555 SOUTH LAKE DESTINY DRIVE  
City-State-Zip: ORLANDO FL 32810

Title DIRECTOR  
Name RHEAUME, SCOTT  
Address 555 SOUTH LAKE DESTINY DRIVE  
City-State-Zip: ORLANDO FL 32810

Title DIRECTOR  
Name KENNERLY, CYNDI  
Address 555 SOUTH LAKE DESTINY DRIVE  
City-State-Zip: ORLANDO FL 32810

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*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: TERRY HEATH**

**PRESIDENT**

**02/05/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	DIRECTOR
Name	GRYSKIEWICZ, BRIAN
Address	555 SOUTH LAKE DESTINY DRIVE
City-State-Zip:	ORLANDO FL 32810