

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000003990

Entity Name: LV SOLUTIONS, LLC**Current Principal Place of Business:**555 (AND 602) S LAKE DESTINY DRIVE
ORLANDO, FL 32810**Current Mailing Address:**555 (AND 602) S LAKE DESTINY DRIVE
ORLANDO, FL 32810 US**FEI Number:** 20-2868499**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 M
Name SBS BUYER II, INC.
Address 5925 STONERIDGE DR
City-State-Zip: PLEASANTON CA 94588

Title AUTHORIZED PERSON
Name HEATH, TERRY
Address 5925 STONERIDGE DR.
City-State-Zip: PLEASANTON CA 94588

Title AUTHORIZED PERSON
Name DAWID, MICHAEL
Address 5925 STONERIDGE DR.
City-State-Zip: PLEASANTON CA 94588

Title AUTHORIZED PERSON
Name SCHOONOVER, KURT
Address 5925 STONERIDGE DR.
City-State-Zip: PLEASANTON CA 94588

Title AUTHORIZED PERSON
Name BLANC, TREVOR
Address 555 (AND 602) S LAKE DESTINY DRIVE
City-State-Zip: ORLANDO FL 32810

Title DISTRICT MANAGER
Name FARRELL, DEAN
Address 555 (AND 602) S LAKE DESTINY DRIVE
City-State-Zip: ORLANDO FL 32810

Title CONTROLLER
Name KENNERLY, CYNDI
Address 555 (AND 602) S LAKE DESTINY DRIVE
City-State-Zip: ORLANDO FL 32810

Title REGIONAL DIRECTOR
Name RHEAUME, SCOTT
Address 555 (AND 602) S 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: MICHAEL DAWID**CFO****03/31/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	REGIONAL CONTROLLER
Name	KLINKHAMMER, KIM
Address	555 (AND 602) S LAKE DESTINY DRIVE
City-State-Zip:	ORLANDO FL 32810