

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000000760

**Entity Name:** SOLUTIONS FOR INDEPENDENT & LEASED OPERATORS, LLC

**Current Principal Place of Business:**

1235 EAST BLVD  
SUITE E #494  
CHARLOTTE, NC 28203

**Current Mailing Address:**

1000 N WEST STREET  
SUITE 194  
WILIMINGTON, DE 19801 US

**FEI Number:** 37-1951966

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E GAINS ST  
TALLAHASSEE, FL 32399 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            PRESIDENT  
Name            SHARPE, ANDREW CAIN  
Address        1235 EAST BLVD  
                  SUITE E #494  
City-State-Zip: CHARLOTTE NC 28203

*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:** ANDREW CAIN SHARPE

**PRESIDENT**

**03/12/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date