

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014807

FILED  
Feb 13, 2006  
Secretary of State

Entity Name: SOLVIS CONSULTING, LLC

**Current Principal Place of Business:**

18455 MIRAMAR PKWY., #205  
MIRAMAR, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

18455 MIRAMAR PKWY., #205  
MIRAMAR, FL 33029

**New Mailing Address:**

FEI Number: 65-1058888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LACHANCE, EARL  
Address: 158 2520 22ND ST STE 2  
City-St-Zip: MIAMI, FL 33124

Title: MGRM ( ) Delete  
Name: DAVIES, JOHN  
Address: 2744 SW 34TH AVE  
City-St-Zip: MIAMI, FL 33133

Title: MGRM ( ) Delete  
Name: JESUS, HOYOS  
Address: 17657 SW 28 CT  
City-St-Zip: MIRAMAR, FL 33029

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JESUS HOYOS

MGRM

02/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date