

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054543

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** EQUINOX SOLUTIONS, LLC

**Current Principal Place of Business:**

2800 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

2800 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805

**New Mailing Address:**

FEI Number: 26-0217922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AVILES, AIXA D  
2800 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805 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  
Name: ALZATE, CAROLINA  
Address: 13136 OULTON CR  
City-St-Zip: ORLANDO, FL 32822

Title: MRM  
Name: AVILES, AIXA D  
Address: 1710 WHITE HERON BAY CR  
City-St-Zip: ORLANDO, FL 32824

Title: MGRM  
Name: AVILES, MITCHELL J  
Address: 13136 OULTON CR  
City-St-Zip: ORLANDO, FL 32822

Title: MGRM  
Name: BABAN, BAWAN S  
Address: 1710 WHITE HERON BAY CR  
City-St-Zip: ORLANDO, FL 32824

I hereby 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: AIXA D. AVILES

MBR

04/27/2012

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