


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02-28-2008 901041008 538.75
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DOCUMENT # L07000055542 1. Entity Name ESOL, LLC		
Principal Place of Business 3661 S.W. KASIN ST PORT SAN LUCIE, FL 34953		Mailing Address 3661 S.W. KASIN ST PORT SAN LUCIE, FL 34953 US
2. Principal Place of Business - Alt. P.O. Box # 3661 S.W. KASIN ST Suite, Apt. #, etc. <i>House office</i>	3. Mailing Address 3661 S.W. PBL Suite, Apt. #, etc. PSL FL 34953	
City & State PORT LUCIE FL 34953 Country	City & State PSL FL 349 PSL Country	4. FEI Number 20-0238087 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02152008 Chg-LLC CR2E083 (12/08)
6. Name and Address of Current Registered Agent FIDENCIO VELAZQUEZ-MORALES 3661 S.W KASIN ST PORT ST. LUCIE, FL 34953		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SOLANO, EFRAIN 3661 SW KASIN ST PORT ST LUCIE, FL 34953 <i>REMOVE</i>	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FIDENCIO VELAZQUEZ MORALES 3661 S.W. KASIN ST PORT SAN LUCIE, FL 34953	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Fidencio Velasquez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>2/25/08</u> 521-281-0737 <small>Date Daytime Phone #</small>

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