


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L07000055542  
 1. Entity Name  
 ESOL, LLC



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

09 APR 30 PM 3:14

Principal Place of Business Mailing Address  
 441 S.W. Lacroix Ave 441 S.W. Lacroix Ave  
 PSL-FL-34953 PSL-FL-34953 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 PO Box 881565 PSL-FL-34988 441 S.W. Lacroix Ave  
 Suite, Apt., etc. Suite, Apt., etc. PSL-FL-34953  
 House

City & State City & State  
 FL FL  
 Zip Country Zip Country  
 34988 PSL 34953 PSL



02152008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For  
 20-0238087 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FIDENCIO VELAZQUEZ MORALES  
 3661 S.W. KASIN ST  
 PORT ST LUCIE, FL 34953  
 441 S.W. Lacroix Ave  
 PSL-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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
MGR	SOLANO, EFRAIN	3661 SW KASIN ST	PORT ST LUCIE, FL 34953	<input checked="" type="checkbox"/>
MGR	FIDENCIO VELAZQUEZ MORALES	3661 S.W. KASIN ST	PORT SAN LUCIE, FL 34953	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 04/30/09--01005--007 \*\*138.75

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: Fidencio Velazquez \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: \_\_\_\_\_ Date-time Phone: \_\_\_\_\_