

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000047535

Entity Name: ISOL LLC

FILED  
Jun 23, 2009  
Secretary of State

**Current Principal Place of Business:**

15105 CEDAR BLUFF PLACE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

15105 CEDAR BLUFF PLACE  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 26-3238795      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MARTIN, ANTONIO  
15105 CEDAR BLUFF PLACE  
WELLINGTON, FL 33414    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: GALVEZ-RAMOS, ANTONIO M  
Address: 15105 CEDAR BLUFF PLACE  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM ( ) Delete  
Name: VEGA, MARIA C  
Address: 15105 CEDAR BLUFF PLACE  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

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 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: ANTONIO MARTIN GALVEZ-RAMOS

MR.

06/23/2009

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