## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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5202 MESSNA LAKELAND, FL 33813  2. PIFFCESS Pace of Business  Suite, Apr. #. etc.  Suite, Apr	Entity Name							,			S
Solin. April #. etc.   Solin. April #. etc.   O8222095 Chg-LLC CR2E083 (10/03)  City & State   City & State   A. FEI Number   Solin Deprind   Applied For Number   Applied For Nu	5202 MESSI	NA	S	5202 MESSINA	813				12# 18# 12# 8## 8## 1#	)]	
City & State  State Desired  State Desired  State Desired  State Desired  State Address of Current Registered Agent  To Rame and Address of New Registered Agent  To Rame and	Principal Place of Business     3. Mailing Address										
Country  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  STRAWBRIDGE, DELLYNNE SOZO MESSINA LAKELAND, FL 33813  8. The above named entity submits this statement for the purpose of chenging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent.  SIGNATURE:  MANAGING MEMBERS / OF SOLOD Due by September 7, 2005  MANAGING MEMBERS / OF SOLOD								July 200 Charles (1010)			
STRAWBRIDGE, DELLYNNE SLOWERSINA LAKELAND, FL 33813  8. The above named entity submits this statement for the purpose of changing its registered digent, or both, in the State of Forida. Lam familiar with, and accept the obligations of registered agent.  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 Forida. Lam familiar with, and accept the obligations of registered agent.  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 Forida. Lam familiar with, and accept the obligations of registered agent.  8. GNATURE  THING Fee is \$50.00  THIS PROVIDED TO BOTH		e						4. FEI Number			
STRAWBRIDGE, DELLYNNE  \$202 MESSINA LAKELAND, FL 33813    City   FL   Zip Code   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   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.	Zip	Zip Country			Cour	ntry				Fee Require	
Street Address (P.O. Box Number is Not Acceptable)  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 pre-poligations of registered agent, or both, in the State of Florida. I am familiar with, and accept pre-poligations of registered agent, or both, in the State of Florida. I am familiar with, and accept pre-poligations of registered agent, or both, in the State of Florida. I am familiar with, and accept pre-policy and registered agent.  SIGNATURE:    Filling Foo is \$50.00	:	6. Name	and Address of Curre	ent Registered Agent		Name	•	7. Name and	Address of New Regi	stered Agent	
E. 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    Signature	5202 MESSINA					Street Address (P.O. Box Number is Not Acceptable)					
the obligations of registered agent.  SIGNATURE    Signature   Sig	B # 12 # 14	5,12 000				City				FL Zip Cod	e
Filing Fee is \$50.00 Due by September 7, 2005    September 7, 2005   September 8, 2007 Septe				it for the purpose of changin	g its register	ed office or	registere	d agent, or bot	h, in the State of Florida	a. I am familiar with,	and accept
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MAGE STRAWBRIDGE, DELLYNNE STRET ADDRESS CITY-ST-2P STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-ST-2P TIT	SIGNATURE .	Signature, typed	or printed name of registered ag							DATE	
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ITILE  STREET ADDRESS CITY-ST-ZIP  TITLE  MAME	NAME STREET ADDRESS			☐ Delete	NAM STPI	ME EET ADDRESS	آ / ربيدار	2/05	90053		
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NAME STREET ADDRESS CITY-ST-ZIP  THLE NAME STREET ADDRESS CITY-ST-ZIP  THLE NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i), 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:  **Addition**	NAME STREET ADDRESS		3000,00 <b>.</b>	☐ Delete	NAM STR	ME EET ADDRESS				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **AUGUSANA** **AUGUSANA*	NAME STREET ADDRESS			☐ Delete	NAM STR	ae Eet address				☐ Change	Addition
SIGNATURE: 1/1/2012 A DEGLUCIA DE LA CONTRE SON DE	NAME STREET ADDRESS			☐ Delete	NAA STR	ME EET ADDRESS				☐ Change	☐ Addition
	limited lia	ability compa	iny or the receiver or tru	stee empowered to execute	this report a	s required b	cy Chapte	r 608, Florida S	WER 8	23-646	