

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006293

Entity Name: INSOLUTION GROUP LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

5935 SW 51 ST
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

PO BOX 431834
SOUTH MIAMI, FL 33243

New Mailing Address:

PO BOX 431834
SOUTH MIAMI, FL 33243 US

FEI Number: 20-2208258 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:

LIMA, GIOVANNI
5935 SW 51 ST
MIAMI, FL 33155 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: LIMA, GIOVANNI
Address: 5935 SW 1 ST
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Delete
Name: THOMAS, KENRICK
Address: 6061 SW 63 AVE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: MGRM () Delete
Name: MAN, KALUNG
Address: 6511 SW 64 CT
City-St-Zip: SOUTH MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: GIOVANNI LIMA

CBO

05/01/2006

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