

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000006406

Entity Name: SOLA OF SOUTH FLORIDA, LLC**Current Principal Place of Business:**351 ALTARA AVE.,
CORAL GABLES, FL 33146**Current Mailing Address:**351 ALTARA AVE.,
CORAL GABLES, FL 33146**FEI Number:** 45-4607699**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LACASA, EDUARDO R
351 ALTARA AVE.
CORAL GABLES, FL 33146 US*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

Authorized Person(s) Detail :

Title MGRM
Name CHAMMAS, ANA P
Address 351 ALTARA AVE.
City-State-Zip: CORAL GABLES FL 33146

Title MGRM
Name LACASA, EDUARDO R
Address 351 ALTARA AVE
City-State-Zip: COARL GABLES FL 33156

Title MGRM
Name MENENDEZ, MANUEL E
Address 351 ALTARA AVE.
City-State-Zip: CORAL GABLES FL 33146

Title MGRM
Name JUNQUERA, ANGEL
Address 351 ALTARA AVE.
City-State-Zip: CORAL GABLES FL 33146

Title MGRM
Name LYNCH, LESLIE
Address 351 ALTARA AVE.
City-State-Zip: CORAL GABLES FL 33146

Title MGRM
Name DEMILLE, VIVIAN
Address 351 ALTARA AVE
City-State-Zip: CORAL GABLES FL 33146

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MANUEL MENENDEZ**MGRM****04/23/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date