

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000022073

**Entity Name:** ESTATE SOLUTIONS LLC

**Current Principal Place of Business:**

4100 N. MIAMI AVENUE  
2ND FLOOR  
MIAMI, FL 33127

**Current Mailing Address:**

4100 N. MIAMI AVENUE  
2ND FLOOR  
MIAMI, FL 33127 US

**FEI Number:** 35-2439058

**Certificate of Status Desired:** No

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

LOPEZ, CAMILO  
4100 N. MIAMI AVENUE  
2ND FLOOR  
MIAMI, FL 33127 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 MGR  
Name LOPEZ, CAMILO  
Address 4100 N. MIAMI AVENUE  
2ND FLOOR  
City-State-Zip: MIAMI FL 33127

Title MGR  
Name LOPEZ, JUAN M  
Address 4100 N. MIAMI AVENUE  
2ND FLOOR  
City-State-Zip: MIAMI FL 33127

Title MGR  
Name ARGUELLES, DANIEL  
Address 4100 N. MIAMI AVENUE  
2ND FLOOR  
City-State-Zip: MIAMI FL 33127

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAMILO LOPEZ

MGR

03/10/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date