

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000072914

**FILED**  
**Apr 04, 2016**  
**Secretary of State**  
**CC9986680934**

**Entity Name:** TAKING SOLUTIONS, LLC

**Current Principal Place of Business:**

3801 NW 97TH AVENUE  
SUITE 100 - OFFICE OF THE CHANCELLOR  
DORAL, FL 33178

**Current Mailing Address:**

3801 NW 97TH AVENUE  
SUITE 100 - OFFICE OF THE CHANCELLOR  
DORAL, FL 33178 US

**FEI Number:** 46-5580733

**Certificate of Status Desired:** Yes

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

MARTINEZ HIDALGO, LUIS E  
3801 NW 97TH AVENUE  
SUITE 100 - OFFICE OF THE CHANCELLOR  
DORAL, FL 33178 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 MARTINEZ, MELINA M  
Address 3801 NW 97TH AVENUE  
SUITE 100 - OFFICE OF THE  
CHANCELLOR  
City-State-Zip: DORAL FL 33178

Title MGR  
Name NAVARRO, ELIAS E  
Address 3801 NW 97TH AVENUE  
SUITE 100 - OFFICE OF THE  
CHANCELLOR  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name MARTINEZ HIDALGO, LUIS E  
Address 3801 NW 97TH AVENUE  
SUITE 100 - OFFICE OF THE  
CHANCELLOR  
City-State-Zip: DORAL FL 33178

*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:** ELIAS E. NAVARRO CESIN

**MR**

**04/04/2016**

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

\_\_\_\_\_  
Date