

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000183311

**Entity Name:** SOLO RENOVATIONS LLC**Current Principal Place of Business:**10465 STAPELEY DR  
ORLANDO, FL 32832**Current Mailing Address:**10465 STAPELEY DR  
ORLANDO, FL 32832 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARAKAT, SALEH  
10465 STAPELEY DR  
ORLANDO, FL 32832 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           | AUTHORIZED MEMBER |
| Name            | BARAKAT, SALEH    |
| Address         | 10465 STAPELEY DR |
| City-State-Zip: | ORLANDO FL 32832  |

|                 |                             |
|-----------------|-----------------------------|
| Title           | AUTHORIZED MEMBER           |
| Name            | LOPEZ, KEYEN ANTONIO        |
| Address         | 4230 KIRKMAN RD<br>APT 1310 |
| City-State-Zip: | ORLANDO FL 32811            |

|                 |                             |
|-----------------|-----------------------------|
| Title           | AUTHORIZED MEMBER           |
| Name            | BERNARDOS, DESIREE VANESSA  |
| Address         | 4230 KIRKMAN RD<br>APT 1310 |
| City-State-Zip: | ORLANDO FL 32811            |

*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:** KEYEN ANTONIO LOPEZ

AUTHORIZED MEMBER

04/29/2021

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