

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000018267

**FILED**  
**Mar 23, 2007**  
**Secretary of State**

**Entity Name:** F&E BUSINESS SOLUTIONS, LLC

**Current Principal Place of Business:**

5415 N.W. 36TH ST  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 593328  
MIAMI, FL 33159

**New Mailing Address:**

**FEI Number:** 46-0492127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARLSON, DAVID LEE  
8180 N.W. 36TH ST., SUITE 100  
HIALEAH, FL 33166 US

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

SAENZ, RAUL M  
8180 N.W. 36TH ST., SUITE 100  
MIAMI, FL 33166 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: RAUL M. SAENZ

03/23/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: D ( ) Delete  
Name: MURPHY, FRED  
Address: 5415 NW 36TH ST  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES:**

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: FRED MURPHY

PRES

03/23/2007

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