UNIFORM BUSINESS REPO	erino o	65424	
DOCUMENT # L02000025934 1. Entity Name		ELLED	
JMVEST, LLC		U3 OCT I	



DO NOT WRITE IN THIS SPACE

2. Principal Place 2588 SW 27			3. Mailing Address 2588 SW 27 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number
Zip 33133	Country	Zip 33133	Country US	5. Certificate of

DO NOT WRITE IN THIS SPACE

13-4214635 5. Certificate of Status Desired Fee Required

Not Applicable \$5.00 Additional

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent Name A & E GARCIA, P.A.

Street Address (P.O. Box Number is Not Acceptable)

2588 SW 27 AVE

City MIAMI

8. The above named of pmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of r

SIGNATURE

name of registered agent and title if applicable

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Solano Management Corp R.G. Hodge Plaza 2nd FL,Tortola, BVI	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900024024119 19722793—01050—016 **50,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTRILLON VARELA, NYDIA P Calle 6, #25-330, Edif. Aromas, Medellin, Colo	TITLE NAME STREET ADDRESS CITY-ST-ZPP	
TITLE Name Street address City-St-Zip		NAME STREET ADDRESS CITY-SI-ZIP	DO NOT WRITE
TITLE NAME STREET ASSESS CITY-ST-ZIP	STATEMENT 2003	TITLE NAME STREET ADDRESS CITY - ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADORESS CITY-ST-ZIP		ITILE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADORESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZP	

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

L020000 25934 JMVEST, LLC OFFICE PROPERTY OF THE PROPERTY OF

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:



AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

ANTONIO GARCIA

AUTHORIZED REPRESENTATIVE