

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026574

FILED  
Apr 12, 2004  
Secretary of State

**Entity Name:** FACILITIES SOLUTION GROUP, LLC

**Current Principal Place of Business:**

630 WEST 84TH STREET  
HIALEAH, FL 33014

**New Principal Place of Business:**

4380 NW 135TH STREET  
OPA LOCKA, FL 33054

**Current Mailing Address:**

630 WEST 84TH STREET  
HIALEAH, FL 33014

**New Mailing Address:**

4380 NW 135TH STREET  
OPA LOCKA, FL 33054

FEI Number: 54-2073542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AGRAWAL, SUKRIT  
630 WEST 84TH STREET  
HIALEAH, FL 33014 US

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

AGRAWAL, SUKRIT  
4380 NW 135TH STREET  
OPA LOCKA, FL 33054 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: \_\_\_\_\_

04/12/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: AGRAWAL, SUKRIT  
Address: 630 WEST 84TH STREET  
City-St-Zip: HIALEAH, FL 33014

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AGRAWAL, SUKRIT  
Address: 4380 NW 135TH STREET  
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUKRIT AGRAWAL

MGR

04/12/2004

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