

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000023245**

1. Entity Name  
**SOLE, LLC**



Principal Place of Business  
**629 POINCIANA  
FT. LAUDERDALE, FL 33301**

Mailing Address  
**629 POINCIANA  
FT. LAUDERDALE, FL 33301**



01242008 No Chg-LLC

CR2E063 (11/05)

4. FEI Number  
**05-0575903**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SANTARELLI, GIAN CARLO  
629 POINCIANA  
FT. LAUDERDALE, FL 33301**

**DO NOT WRITE  
IN THIS SPACE**

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SENTREX ASSOCIATES, LTD
STREET ADDRESS	3529 W. MILLER ROAD
CITY-ST-ZIP	GARLAND, TX 75041
TITLE	MGRM
NAME	ANNINO, SALVATORE
STREET ADDRESS	327 COCONUT ISLE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	MGRM
NAME	LOMBARDI, PIERO
STREET ADDRESS	10255 EPPING LANE
CITY-ST-ZIP	DALLAS, TX 75229
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1-27-06**