

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 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**



01292007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0575903

Applied For
☐ Not Applicable

5. Certificate or Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000648359
03/07/07-80006-009 50.00

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 #

2-9-07

214 340 7683