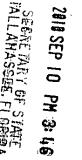
L03000030421

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special instructions to Filing Officer:		
A. LUNT		
SEP 1 3 2010		
EXAMINER		

Office Use Only

300185149653

09/10/10--01014--010 **25.00



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SOLITMAN, LO	d Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for	or filing.	
Please return all correspondence concerning this m	natter to the following:		
VARIMA RODRIGU Name of Person	PEZ_		
SOLITMAN, LLC Firm/Company		3 ~	
3342 SW Z9 ST Address		2010 SEP 10 PM 3: 46 SEORE TARY OF STANKE TALLAHASSEE, FLORNSA	-
MIAMI, FL 33133 City/State and Zip Code	<u></u>	PH 3: 4	
E-mail address: (to be used for future annual report notification	20H	>	
For further information concerning this matter, ple	ease call:		
YARIMA RODRIGUEZ at (305) 297-6397 Area Code & Daytime Telephone	Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following am	ount:		
\$25 Filing Fee	\$55 Filing Fee & Certified C	Conv	

STATEMEN'S OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: <u>SOLI7</u>	MAN, LLC
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	MIAMI, FL 33 133
(b) Mailing address of limited liability company:	334Z SW Z9 ST
(Note: MAY BE POST OFFICE BOX)	MIAMI, FL 83133
9/3/2010	L03000030421
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	ROBERTO DI GONZAGA
Registered Office Address:	3342 SW 29 ST
	HIAMI, FL 33133
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	
NEW Registered Agent:	YARIMA RODRIGUEZ
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3342 SW 29 ST
MOST BE TECKIEN STREET NEW KESSY	HIAHI "FL.33/33
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office
Signature of a member or authorized representative of a member	POUR TAF
Printed or typed name of signee	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. Hurther agree to oper and complete performation of the duties, it sition as registered agent as provided for its rely reflect a change in the registered office whas been notified in writing of the change.
Signature of Registered Agent	