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Apr 09, 2004 8:00 am
Secretary of State

03-22-2004 90420 040 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000038774

1. Entity Name
SOLER DEVELOPMENTS, LLC

34003085

Principal Place of Business	Mailing Address
7700 N. KENDALL DR., SUITE 405, MIAMI, FL 33156 Change	7700 N. KENDALL DR., SUITE 405, MIAMI, FL 33156

03172004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2911 Grand Ave	2911 Grand Ave
Suite, Apt. #, etc. 4-A	Suite, Apt. #, etc. 4-A
City & State Miami FL	City & State Miami FL
Zip 33133 Country Miami-Dade	Zip 33133 Country Miami-Dade

4. FEI Number 20-0312613 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEITMAN, LORN
7700 N. KENDALL DR.
SUITE 405
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Soler, Joaquin (President) 2911 Grand Ave 4-A Miami, FL 33133 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing 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: Joaquin Soler 3/31/04 786-552-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #