

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90163 039 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L03000042835**  
 1. Entity Name  
 ARPA LLC



Principal Place of Business  
 7591 WEST 34 LN  
 HIALEAH, FL 33018

Mailing Address  
 7591 WEST 34 LN  
 HIALEAH, FL 33018

34002574



2. Principal Place of Business  
 3. Mailing Address

Subs., Apt. #, etc.  
 Subs., Apt. #, etc.

01062004 Chg-LLC CR2E083 (10/03)

City & State  
 City & State

4. FEI Number  
 20-0412010  
 Applied For  
 Not Applicable

Zip  
 Country  
 Zip  
 Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, AGUSTIN  
 7591 WEST 34 LN  
 HIALEAH, FL 33018

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 file if applicable. (NOTE: Registered / S signature required when withdrawing) DATE \_\_\_\_\_

Filing Fee to \$50.00 Due by May 1, 2004  
 Money check payable to Florida Department of State

6. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Augustin Rodriguez 7591 W 34 LN Hialeah, FL 33018 AR	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Members (Secretaries) Rosamary Rodriguez 421 Sheldon Ave Lehigh Acres, FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Aneth Saw One 7591 W 34 LN, Hialeah, FL 33018 ASJ	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Members Solution Medical Services, One 1150 Lee Blvd Ste 4 Lehigh Acres, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(f), 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: Augustin Rodriguez 01/31/2004 (305) 557-4492  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #