

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000051959 1. Entity Name SOLIMAN FAMILY ENTERPRISES, LLC	
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Principal Place of Business 7533 JOMEL DRIVE SPRING HILL, FL 34607	Mailing Address 7533 JOMEL DRIVE SPRING HILL, FL 34607
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DO NOT WRITE IN THIS SPACE



03032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
05-0593202

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RILEY, STEVEN P
4805 WEST LAUREL STREET, SUITE 230
TAMPA, FL 33607**

**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. (NOT) Registered Agent signature required when reinstating. DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLIMAN, FAWZI 7533 JOMEL DRIVE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLIMAN, MAUREEN 7533 JOMEL DRIVE SPRING HILL, FL 34607
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04/21/06-80009-022 50.00

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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: Maureen Soliman

4-2-06 352-596-950