

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 27, 2005 8:00 am
Secretary of State**

04-27-2005 90042 032 ****55.00

DOCUMENT # L04000006114

1. Entity Name
SANTS SOLUTIONS, LLC



Principal Place of Business
11652 SUNSHINE POND ROAD
TAMPA, FL 33635

Mailing Address
11652 SUNSHINE POND ROAD
TAMPA, FL 33635

2. Principal Place of Business
11652 SUNSHINE POND ROAD
Suite, Apt. #, etc.

3. Mailing Address
11652 SUNSHINE POND ROAD
Suite, Apt. #, etc.

City & State
TAMPA, FLORIDA

Zip
33635

Country
USA

City & State
TAMPA, FLORIDA

Zip
33635

Country
USA

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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, 2005**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANT, JENILE P		NAME	
STREET ADDRESS	11652 SUNSHINE POND ROAD		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANT, SHELDON A		NAME	
STREET ADDRESS	11652 SUNSHINE POND ROAD		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANT, SHELDON A		NAME	
STREET ADDRESS	11652 SUNSHINE POND ROAD		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Sheldon Sant - SHELDON SANT - MGR **04/25/05 813-854-1050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #