

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90019 005 ****50.00

DOCUMENT # L04000033600

1. Entity Name
WIMESH SOLUTIONS LLC



Principal Place of Business
**25 SOUTHEAST SECOND AVENUE
SUITE 900
MIAMI, FL 33131**

Mailing Address
**25 SOUTHEAST SECOND AVENUE
SUITE 900
MIAMI, FL 33131**

20056137



2. Principal Place of Business

Two Alhambra Plaza

3. Mailing Address

Two Alhambra Plaza

Suite, Apt. #, etc.

Penthouse 1B

Suite, Apt. #, etc.

Penthouse 1B

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

US

Zip

33134

Country

US

01192005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

73-1703341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MURAI WALD BIONDO MORENO & BROCHIN, P.A.
25 SOUTHEAST SECOND AVENUE
SUITE 900
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Murai Wald Biondo Moreno & Brochin PA.

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

Two Alhambra Plaza

Penthouse 1B

City

Coral Gables

FL

Zip Code

33134

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]

Rene V. Murai

4/20/05

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GONZALEZ, HUMBERTO
25 SOUTHEAST SECOND AVENUE, SUITE 900
MIAMI, FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GONZALEZ, MARIA
25 SOUTHEAST SECOND AVENUE, SUITE 900
MIAMI, FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
Gonzalez, Humberto
Two Alhambra Plaza, Penthouse 1B
Coral Gables, FL 33134** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
Gonzalez, Maria
Two Alhambra Plaza, Penthouse 1B
Coral Gables, FL 33134** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:

[Signature]

Rene V. Murai, Authorized Representative

305-444-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #