


I'm NOT Agree WITH 145% INCREASE ON MY ANNUAL
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT. WITHOUT EDUCATION

May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000050470	
1. Entity Name P.O.P. SOLUTIONS, LLC	

Principal Place of Business P.O. BOX 14-3333 CORAL GABLES, FL 33114 US	Mailing Address P.O. BOX 14-3333 CORAL GABLES, FL 33114 US
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04282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1110523	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

TERANT, HUMBERTO
P.O. BOX 14-3333
CORAL GABLES, FL 33114

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TERANT, HUMBERTO P.O. BOX 14-3333 CORAL GABLES, FL 33114
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05/29/08-80088-022 138.75

**DO NOT WRITE
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:

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

Date

Daytime Phone #