

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000074095

Entity Name: EMAX SOLUTIONS, LLC

**FILED**  
**Apr 21, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

3644 SW 57TH AVE.  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

3644 SW 57TH AVE.  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 20-1757888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROVERSI, ELEONORA  
3000 CORAL WAY  
SUITE 808  
CORAL GABLES, FL 33145 US

**Name and Address of New Registered Agent:**

CACCHIONE, MAXIME  
3644 SW 57TH AVE  
MIAMI, FL 33155 US

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.

SIGNATURE: MAXIME CACCHIONE

04/21/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROVERSI, ELEONORA M  
Address: 3000 CORAL WAY, APT. 808  
City-St-Zip: CORAL GABLES, FL 33145

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CACCHIONE, MAXIME  
Address: 3644 SW 57TH AVE  
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAXIME CACCHIONE

MGR

04/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date