

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006293

Entity Name: INSOLUTION GROUP LLC

FILED  
May 01, 2006  
Secretary of State

**Current Principal Place of Business:**

5935 SW 51 ST  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 431834  
SOUTH MIAMI, FL 33243

**New Mailing Address:**

PO BOX 431834  
SOUTH MIAMI, FL 33243 US

FEI Number: 20-2208258      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

LIMA, GIOVANNI  
5935 SW 51 ST  
MIAMI, FL 33155 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LIMA, GIOVANNI  
Address: 5935 SW 1 ST  
City-St-Zip: MIAMI, FL 33155

Title: MGRM ( ) Delete  
Name: THOMAS, KENRICK  
Address: 6061 SW 63 AVE  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: MGRM ( ) Delete  
Name: MAN, KALUNG  
Address: 6511 SW 64 CT  
City-St-Zip: SOUTH MIAMI, FL 33143

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GIOVANNI LIMA

CBO

05/01/2006

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