

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007164

Entity Name: SOLEX L.L.C.

FILED
May 07, 2007
Secretary of State

Current Principal Place of Business:

881 OCEAN DRIVE, APT. #23-H
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

881 OCEAN DRIVE, APT. #23-H
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 20-2232746 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:

RODRIGUEZ, VERONICA
10691 N KENDALL DR STE 209
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

REAL SOLUTIONS BUSINESS SERVICES
10691 N KENDALL DR
SUITE 209
MIAMI, FL 33176 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: VERONICA RODRIGUEZ

05/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LLOREDA, ALVARO J
Address: 881 OCEAN DRIVE, APT. #23-H
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR () Delete
Name: DAVILA O., CLAUDIA
Address: 881 OCEAN DRIVE, APT. #23-H
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

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 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: ALVARO LLOREDA

MGR

05/07/2007

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