

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000017630

**FILED**  
**Mar 05, 2007**  
**Secretary of State**

**Entity Name:** SOLIS ENTERPRISES, LLC

**Current Principal Place of Business:**

3496 CHICKASAW CIRCLE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

4329 PINE STREET  
WEST PALM BEACH, FL 33406 US

**Current Mailing Address:**

3496 CHICKASAW CIRCLE  
LAKE WORTH, FL 33467

**New Mailing Address:**

4329 PINE STREET  
WEST PALM BEACH, FL 33406 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

SOLIS, OSCAR  
3496 CHICKASAW CIRCLE  
LAKE WORTH, FL FL 33467 US

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

SOLIS, OSCAR  
4329 PINE STREET  
WEST PALM BEACH, FL 33406 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: \_\_\_\_\_ 03/05/2007  
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SOLIS, OSCAR  
Address: 3496 CHICKASAW CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SOLIS, OSCAR  
Address: 4329 PINE STREET  
City-St-Zip: WEST PALM BEACH, FL 33406 US

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: OSCAR SOLIS MGRM 03/05/2007  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date