

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90032 015 ****55.00

DOCUMENT # L05000030455

1. Entity Name
SOLIS FINANCIAL SERVICES, LLC



Principal Place of Business
13391 SW 41ST LANE
MIAMI, FL 33144 US

Mailing Address
13391 SW 41ST LANE
MIAMI, FL 33175 US

60046100



2. Principal Place of Business
14453 MIRAMAR PARKWAY
Suite, Apt. #, etc.

3. Mailing Address
14453 MIRAMAR PARKWAY
Suite, Apt. #, etc.

04252006 Chg-LLC CR2E083 (11/05)

City & State
MIRAMAR, FL

City & State
MIRAMAR, FL

4. FEI Number
20-2571040

Applied For
Not Applicable

Zip
33021

Country
USA

Zip
33021

Country
USA

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

IOLESIAS, GUILLERMO
8500 SW 6TH STREET
SUITE 248
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name
LIZABETH SOLIS

Street Address (P.O. Box Number is Not Acceptable)

14453 MIRAMAR PARKWAY

City
MIRAMAR

FL

Zip Code
33027

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

LIZABETH SOLIS, PRESIDENT/MANAGER 04/26/2006

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANAGER
STREET ADDRESS	LIZABETH SOLIS
CITY-ST-ZIP	14453 MIRAMAR PARKWAY MIRAMAR FL 33027
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEMBER
STREET ADDRESS	LAZARO J SOLIS
CITY-ST-ZIP	13391 SW 41ST LANE MIAMI FL 33144
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **LIZABETH SOLIS, PRESIDENT/MANAGER 4/26/2006 954/432-5433**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #