

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034157

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: CAPITAL SOLUTIONS, LLC

**Current Principal Place of Business:**

2600 NW 55TH COURT  
SUITE 240  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 266603  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 20-2641105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VELASQUEZ, LOUIS A  
1623 NEWPORT LANE  
WESTON, FL 33326 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: MGR ( ) Delete  
Name: VELASQUEZ, LOUIS A  
Address: 1623 NEWPORT LANE  
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete  
Name: VELASQUEZ, BERITH M  
Address: 1623 NEWPORT LANE  
City-St-Zip: WESTON, FL 33326

**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: LOUIS A. VELASQUEZ

MRG

01/23/2009

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