

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072900

Entity Name: SMB SOLUTIONS LLC

FILED  
Feb 11, 2007  
Secretary of State

**Current Principal Place of Business:**

13785 SW 66 ST., #C-237  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

13785 SW 66 ST., #C-237  
MIAMI, FL 33183

**New Mailing Address:**

FEI Number: 20-3206947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DE LA ROSA, EDNA  
13785 SW 66 ST., #C-237  
MIAMI, FL 33183 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: DE LA ROSA, EDNA  
Address: 13785 SW 66 ST., #C-237  
City-St-Zip: MIAMI, FL 33183

Title: MGR ( ) Delete  
Name: DE LA ROSA, CARLOS  
Address: 10400 SW 146 AVE  
City-St-Zip: MIAMI, FL 33186

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGR ( ) Change (X) Addition  
Name: LAFAURIE, JAIRO E  
Address: 13785 SW 66 ST # C237  
City-St-Zip: MIAMI, FL 33183

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: EDNA DE LA ROSA

MGR

02/11/2007

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