

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000072900

1. Entity Name
SMB SOLUTIONS LLC



Principal Place of Business
**13785 SW 66 ST., #C-237
MIAMI, FL 33183**

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



05012008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3206947

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DE LA ROSA, EDNA
13785 SW 66 ST., #C-237
MIAMI, FL 33183**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
DE LA ROSA, EDNA
13785 SW 66 ST., #C-237
MIAMI, FL 33183**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
DE LA ROSA, CARLOS
10400 SW 146 AVE
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
LAFABRIE, JAIRO E
13785 SW 66 ST # C237
MIAMI, FL 33183**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000943772
05/29/08-80072-024 138.75

**DO NOT WRITE
IN THIS SPACE**

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: *Edna De la Rosa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04-30-08 (305) 3808000