

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2006 90044 012 \*\*\*\*55.00

**20043289**



04282006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000101376</b> 1. Entity Name <b>EL SOL, LLC</b>					
Principal Place of Business <b>14040 SW 22 STREET MIAMI, FL 33175</b>			Mailing Address <b>14040 SW 22 STREET MIAMI, FL 33175</b>		
2. Principal Place of Business <b>3804 SW 137 Avenue</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Miami, FL</b>		City & State			
Zip <b>33175</b>	Country <b>US</b>	Zip	Country	4. FEI Number <b>20-3832602</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ANDRADE, NANCY 14040 SW 22 STREET MIAMI, FL 33175</b>			7. Name and Address of New Registered Agent Name <b>FLORIDA ANNUAL REPORT SERVICES, INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>2300 CORAL WAY</b> <b>SUITE 200</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33145</b>		
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 <span style="float: right;">DATE _____</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDRADE, NANCY 14040 SW 22 STREET MIAMI, FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDRADE, LUIS 14040 SW 22 STREET MIAMI, FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <b>NANCY ANDRADE</b>			Date <b>4-28-06</b> Daytime Phone # <b>305-856-0056</b>		

ATTACHMENT

26643289  
#L05000101376

FLORIDA ANNUAL REPORT SERVICES, INC.

2300 Coral Way, Suite 200

Miami, Florida 33145

Phone (305) 856-0056

Fax (305) 856-2030

April 28, 2006

Mr. Sean Toner  
Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, Fl. 32301

Re: **Renewal Uniform Business Reports**

Dear Mr. Toner:

Enclosed please find the following 2006 Uniform Business Report (UBR), Corporations Renewals forms, each one with their corresponding fees.

- 1 EL SOL, LLC
- 2 VIDA ENTERPRISES, LLC

Please do not hesitate to contact us if you should have any questions concerning any of the entities listed above.

Sincerely,

**Florida Annual Report Services, Inc.**

  
Lupe Gonzalez

Enclosure