

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115033

**FILED**  
**Feb 13, 2008**  
**Secretary of State**

**Entity Name:** CHICO'S TAX & FINANCIAL SOLUTIONS, LLC

**Current Principal Place of Business:**

5190 NW 167 ST  
PH 306  
MIAMI GARDENS, FL 33014

**New Principal Place of Business:**

5190 NW 167 ST  
106  
MIAMI GARDENS, FL 33014

**Current Mailing Address:**

PO BOX 4664  
HIALEAH, FL 33014

**New Mailing Address:**

**FEI Number:** 20-3861906

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORREA, JOSE M  
5190 NW 167TH STREET, SUITE 221A  
MIAMI GARDENS, FL 33014 US

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

CORREA, JOSE M  
5190 NW 167TH STREET, SUITE 106  
MIAMI GARDENS, FL 33014 US

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: JOSE M. CORREA

02/13/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CORREA, JOSE M  
Address: PO BOX 4664  
City-St-Zip: HIALEAH, FL 33014

Title: MGR ( ) Delete  
Name: MARIOTTI, LUCIANA T  
Address: PO BOX 4664  
City-St-Zip: MIAMI GARDENS, FL 33014

**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: JOSE M. CORREA

MGR

02/13/2008

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