


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90083 037 ****50.00

DOCUMENT # L05000120284	
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1. Entity Name
MARSOL ONE LLC

Principal Place of Business C/O NICHOLAS FERNANDEZ, P.A. 780 N.W. LE JEUNE ROAD, SUITE 324 MIAMI, FL 33126	Mailing Address C/O NICHOLAS FERNANDEZ, P.A. 780 N.W. LE JEUNE ROAD, SUITE 324 MIAMI, FL 33126
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2. Principal Place of Business - No P.O. Box # 10 NW Le Jeune Road	3. Mailing Address 10 NW Le Jeune Road
Suite, Apt. #, etc. 500	Suite, Apt. #, etc. 500
City & State Miami, Florida	City & State Miami, Florida
Zip 33126	Country Dade

01172007 Chg-LLC CR2E083 (12/06)

4. FEI Number 86-1155164	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent ESQUIRE CORPORATE SERVICES, INC. 780 NW LE JEUNE ROAD, SUITE 324 MIAMI, FL 33126	7. Name and Address of New Registered Agent Name Esquire Corporate Services Inc. Street Address (P.O. Box Number is Not Acceptable) 10 NW Le Jeune Road Suite 500 City Miami FL Zip Code 33126
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOLIS, MARCIAL 780 NORTHWEST LEJUENE ROAD SUITE 324 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Solis, Marcial 10 NW Le Jeune Road, Suite 500 Miami, FL 33126 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

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

Date

Daytime Phone #

[Signature] **Jan-26-07 305.388.8337**