

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90079 006 \*\*\*138.75

**DOCUMENT # L05000120284**

**1. Entity Name**  
**MARSOL ONE LLC**



**Principal Place of Business**      **Mailing Address**  
10 NW LE JEUNE RD **16533 SW 59TH TERR** PO BOX 960637  
500 **MIAMI, FL 33193** MIAMI, FL 33296  
MIAMI, FL 33126

**60011074**



**DO NOT WRITE IN THIS SPACE**

02152008 No Chg-LLC      CR2E083 (12/07)

**4. FEI Number**  
**86-1155164**      **Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SOLIS, MARCIAL**  
**16533 SW 59TH TERRACE**  
**MIAMI, FL 33193**

**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)

**Feb-15-08**

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>SOLIS, MARCIAL</b>
<b>STREET ADDRESS</b>	<b>10 NW LE JEUNE RD, STE 300 16533 SW 59TH TERR</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33126 MIAMI, FL 33193</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>NAME</b>	
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<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**

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

**Feb-15-08**

DATE

**305-3888337**

Daytime Phone #