

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

03-20-2007 90142 013 ****55.00

DOCUMENT # L06000011261 1. Entity Name WE HAVE THE SOLUTION L.L.C.					
Principal Place of Business 11140 NW 22 COURT MIAMI, FL 33167			Mailing Address 11140 NW 22 COURT MIAMI, FL 33167		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02252007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-4231626				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 re-registering) 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	MGRM DEON THOMAS, SHELBY 11140 NW 22 COURT MIAMI, FL 33167	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: <i>Shelby D Thomas</i>				3/16/07 305 901-1941	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

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