


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90116 002 ***143.85

DOCUMENT # L06000021882 1. Entity Name ARCE WOOD SOLUTIONS, LLC	
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Principal Place of Business 2504 NW 60 AVENUE MARGATE, FL 33063	Mailing Address 2504 NW 60 AVENUE MARGATE, FL 33063
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60002588



DO NOT WRITE IN THIS SPACE

01052008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4407383	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

ARCE, ARTURO
2504 NW 60 AVENUE
MARGATE, FL 33063

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARCE, ARTURO 2504 NW 60 AVENUE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CACERES VIOJO, FEDRA 2504 NW 60 AVENUE MARGATE, FL 33063
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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: Arturo Arce ARTURO ARCE 1-12-2008 954-691-7009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #