

**FILED**  
**Apr 04, 2008 08:00 A**  
**Secretary of State**

1. Entity Name  
**SOLARIS BRICKELL BAY UNIT 1503, LLC**



1331 BRICKELL BAY DRIVE, UNIT 4707  
MIAMI, FL 33131

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MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**



CR2E083 (12/07)

4. FEI Number  
20-4603395

Applied For
Not Applicable

### 5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAEZ, GUSTAVO  
1331 BRICKELL BAY DRIVE, UNIT 4707  
MIAMI, FL 33131

**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)

DATE:

04/15/08-80025-027 143.75

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

<b>9.</b>	<b>MANAGING MEMBERS/MANAGERS</b>
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TITLE	MGRM
NAME	BAEZ, GUSTAVO
STREET ADDRESS	1331 BRICKELL BAY DRIVE, UNIT 4707
CITY - ST - ZIP	MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
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CITY-ST-ZIP

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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

Date \_\_\_\_\_

Daytime Phone #