2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 05, 2008 8:00 am Secretary of State DOCUMENT # L06000064098 05-05-2008 90030 047 ***138.75 SOLŚTICE REALTY, LLC Principal Place of Business Mailing Address 9905 ST AUGUSTINE ROAD 9905 ST AUGUSTINE ROAD **UNIT 501-C UNIT 501-C** JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite. Apt. #. etc. 05022008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 75-3218014 Not Applicable Zip Country Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUILLAUME, JACQUES Street Address (P.O. Box Number is Not Acceptable) 12465 BLACKWATER COURT JACKSONVILLE, FL 32223 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, typed or printed name of registered agent and title if applicable. (NOTE: Recistered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$\$38.75 Due by September 12, 2008 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM IIILE ☐ Addition ☐ Defete TITLE ☐ Change GUILLAUME, JACQUES NAME NAME 12465 BLACKWATER COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32223 CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TΩLF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

NTED AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED



9905 Old St. Augustine Road, Unit 501-C Jacksonville, FL 32257 Phone/Fax: (904) 886-3100/886-3105 Email: SolsticeRealty@gmail.com

Transaction Real Estate Company

MEMORANDUM

то: Whom It May Concern	FROM: Jacques Guillaume
сомрану: Florida Department of State	DATE: 4/30/2008
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER: 3 (including the cover page)
рнопе пимвек: (850) 245-6051/(850) 245-6939	CALL BACK CONTACT NAME: Jacques Guillaume
Re: Annual Report	CC:
Document#: L06000064098	File

☑ URGENT

☑ FOR REVIEW

☑ PLEASE COMMENT

☑ PLEASE REPLY

☐ PLEASE RECYCLE

Attached please find the annual report for document number **L06000064098**, along with a check of \$138.75, which I have been trying to pay online, but to no avail due to problems with the web site. I also called customer service. Per a conversation with Rob, he advised me to put it in the mail. Your assistance will be greatly appreciated.

Please note that the mailing address is still the same, but we just need to insert the word "Old" in front of the street name.

9905 Old St. Augustine Road, Unit 501-C Jacksonville, FL 32257

Upon receipt of this correspondence, should any additional be needed, please do not hesitate to contact me. Your assistance will be greatly appreciated.

Thank y

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