

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071408

FILED
Feb 19, 2009
Secretary of State

Entity Name: SOLVENTC, LLC

Current Principal Place of Business:

3225 AVIATION AVENUE
SUITE 501
MIAMI, FL 33133 US

Current Mailing Address:

3225 AVIATION AVENUE
SUITE 501
MIAMI, FL 33133 US

New Principal Place of Business:

999 PONCE DE LEON BLVD
SUITE 1120
CORAL GABLES, FL 33134 US

New Mailing Address:

999 PONCE DE LEON BLVD
SUITE 1120
CORAL GABLES, FL 33134 US

FEI Number: 20-5224813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

M.J.F. REGISTERED AGENT CORP.
153 SEVILLA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FREEMAN, LEWIS B
Address: 3225 AVIATION AVENUE, SUITE 501
City-St-Zip: MIAMI, FL 33133

Title: MGRM () Delete
Name: WEISS, STUART
Address: 3225 AVIATION AVENUE, SUITE 501
City-St-Zip: MIAMI, FL 33133

Title: MGRM (X) Delete
Name: LOTTERMAN, LAWRENCE
Address: 3225 AVIATION AVENUE, SUITE 501
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOTTERMAN, LAWRENCE
Address: 999 PONCE DE LEON BLVD - SUITE 1120
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Change () Addition
Name: WEISS, STUART
Address: 999 PONCE DE LEON BLVD - SUITE 1120
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAWRENCE LOTTERMAN

MGRM

02/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date