

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000089123

**FILED**  
**Jun 05, 2007**  
**Secretary of State**

**Entity Name:** DEFINITE-SOLUTION LLC

**Current Principal Place of Business:**

5425 S BASS TERR  
FLORAL CITY, FL 34436 US

**New Principal Place of Business:**

**Current Mailing Address:**

5425 S BASS TERR  
FLORAL CITY, FL 34436 US

**New Mailing Address:**

**FEI Number:** 38-3741441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MICHAEL, JIMENEZ  
5425 S BASS TER  
FLORAL CITY, FL 34436 US

**Name and Address of New Registered Agent:**

JIMENEZ, MICHAEL E MGRM  
5425 S BASS TER  
FLORAL CITY, FL 34436 US

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: MICHAEL JIMENEZ

06/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR ( ) Delete  
Name: JIMENEZ, MICHAEL E  
Address: 5425 S BASS TER  
City-St-Zip: FLORAL CITY, FL 34436 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JIMENEZ, MICHAEL E MGRM  
Address: 5425 S BASS TER  
City-St-Zip: FLORAL CITY, FL 34436 US

Title: MGRM ( ) Change (X) Addition  
Name: JIMENEZ, JUAN F MGRM  
Address: 5425 S BASS TER  
City-St-Zip: FLORAL CITY, FL 34436 US

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: MICHAEL JIMENEZ

MGRM

06/05/2007

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