

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098215

Entity Name: MATERNAL SOLUTIONS, LLC

FILED  
Mar 22, 2009  
Secretary of State

**Current Principal Place of Business:**

19451 SHERIDAN STREET #162  
PEMBROKE PINES, FL 33332

**New Principal Place of Business:**

**Current Mailing Address:**

19451 SHERIDAN STREET #162  
PEMBROKE PINES, FL 33332

**New Mailing Address:**

FEI Number: 42-1716311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SONIA VILLAVICENCIO  
19451 SHERIDAN STREET #162  
PEMBROKE PINES, FL 33018 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: MGR ( ) Delete  
Name: IGLESIAS, RAUL  
Address: 10440 NW 131ST STREET  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: MGR ( ) Delete  
Name: VILLAVICENCIO, SONIA  
Address: 19442 NW 23 PLACE  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: IGLESIAS, RAUL JR.  
Address: 19451 SHERIDAN STREET #162  
City-St-Zip: PEMBROKE PINES, FL 33332 US

Title: MGR (X) Change ( ) Addition  
Name: VILLAVICENCIO, SONIA  
Address: 19451 SHERIDAN STREET # 162  
City-St-Zip: PEMBROKE PINES, FL 33332 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: SONIA VILLAVICENCIO

MGR

03/22/2009

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