FILED Feb 01, 2007 8:00 am Secretary of State 02-01-2007 90052 002 ****50.00

2007	LIMITED	LIABI	LITY	COMP	ANY
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Solite, April 400 City & Station City & City & Station City & City & Station City & Ci	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	7º 504	EET					
Section Sect	Suite, Apt. #, etc. Suite, Apt. #, etc.							CR2E0)83 (12/06)	
MEDEROS, RALPH 4114 N.W. ATH TERRACE MIAMI, FL 33126 8. The above named denity submits this statement for the purpose of changing 4s registered office or registered agent, or both, in the State of Florida. I am hamilies with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilies with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilies with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilies with, and accept the obligations of registered agent. SIGNATURE 8. The above named entity submits this statement for the purpose of changing 4s registered office or registered agent, or both, in the State of Florida. I am hamilies with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilies with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilies with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilies with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilies with, and accept the florida Department of State MARK SOBENES, PAUL 9. MANAGING MEMBERS/MANAGERS 101. MORE ADDITIONS/CHANGES 101. MORE ADDITIONS/CHANGES 101. MORE ADDITIONS/CHANGES 101. MARK ADDITIONS/CHANGES	MAMI, R		MAMI, Z			4. FEI Numbe	18.05178	359		
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MEDEROS, RALPH 4114 N.W. 411 TERRACE MIAMI, FL 33126 6. The above named unity submits this statement for the purpose of changing as registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE City FL Zip Code		6. Name and Address of Current I		Name		7. Name and	Address of New	Registered	Agent	
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 Filling Fee is \$50.00	4114 N.W. 4TH TERRACE									
The obligations of registered agent. SIGNATURE Signature Sig				City				FL	Zip Cod	е
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TITLE NAME SOBENES, PAUL L SOB	Filing Fee is \$50.00 Due by May 1; 2007									e
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