

**-2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # L06000119685

1. Entity Name
THE REAL SOLUTION, LLC



Principal Place of Business
**5064 SW 131 AVENUE
MIRAMAR FL 33027**

Mailing Address
**5064 SW 131 AVENUE
MIRAMAR FL 33027**



02212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3800898

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PRADO, AGUSTIN
5064 SW 131 AVENUE
MIRAMAR, FL 33027**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PRADO, AGUSTIN
STREET ADDRESS	5064 SW 131 AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	MGRM
NAME	PRADO, MARTHA
STREET ADDRESS	5064 SW 131 AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	MGRM
NAME	PRADO, MARTHA-PAULA
STREET ADDRESS	3800 GALT OCEAN DRIVE, # 908
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	MGRM
NAME	PRADO, URSULA
STREET ADDRESS	3370 BEAU-RIVAGE DRIVE, H3
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000848239
03/20/08-80009-013 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/21/2008 (305) 829-0422

Date

Daytime Phone #