

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000011697

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** XAVIER FINANCIAL SOLUTIONS, LLC

**Current Principal Place of Business:**

445 FONTANA CIRCLE  
APT# 103  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

445 FONTANA CIRCLE  
APT# 103  
OVIEDO, FL 32765 US

**New Mailing Address:**

**FEI Number:** 77-0668729

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LLANOS, VICTOR X  
445 FONTANA CIRCLE  
APT# 103  
OVIEDO, FL 32765 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  
Name: LLANOS, VICTOR X  
Address: 445 FONTANA CIRCLE, APT# 103  
City-St-Zip: OVIEDO, FL 32765 US

Title: MGR  
Name: ARBOLAY, LIANA  
Address: 445 FONTANA CIRCLE, APT# 103  
City-St-Zip: OVIEDO, FL 32765 US

I hereby 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: VICTOR LLANOS

MGRM

04/24/2012

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