

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031248

Entity Name: DMESOLUTIONS LLC

FILED
Jul 31, 2008
Secretary of State

Current Principal Place of Business:

6119 SW 127 CT
MIAMI, FL 33183

New Principal Place of Business:

2431 WEST 80 ST
4
HIALEAH, FL 33016

Current Mailing Address:

6119 SW 127 CT
MIAMI, FL 33183

New Mailing Address:

2431 WEST 80 ST
4
HIALEAH, FL 33016

FEI Number: 20-8777066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DIAZ, MIGUEL
6119 SW 127 CT
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

DIAZ, MIGUEL
12732 SW 60 LANE
MIAMI, FL 33183 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:

07/31/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DIAZ, MIGUEL
Address: 6119 SW 127 CT
City-St-Zip: MIAMI, FL 33183

Title: MGRM () Delete
Name: FERREIRO, CAROLINA
Address: 6119 SW 127 CT
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DIAZ, MIGUEL
Address: 12732 SW 60 LANE
City-St-Zip: MIAMI, FL 33183

Title: MGRM (X) Change () Addition
Name: FERREIRO, CAROLINA
Address: 12732 SW 60 LANE
City-St-Zip: MIAMI, FL 33183

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: MIGUEL DIAZ

MGR

07/31/2008

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