

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044032

FILED
Mar 30, 2009
Secretary of State

Entity Name: SOLIS 4403, LLC.

Current Principal Place of Business:

2600 DOUGLAS ROAD, SUITE 1100
CORAL GABLES, FL 33134

New Principal Place of Business:

2665 SOUTH BAYSHORE DR.
SUITE 906
COCONUT GROVE, FL 33133 US

Current Mailing Address:

2600 DOUGLAS ROAD, SUITE 1100
CORAL GABLES, FL 33134

New Mailing Address:

2665 SOUTH BAYSHORE DR.
SUITE 906
COCONUT GROVE, FL 33133 US

FEI Number: 20-8918143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GURIAN, JORGE
2600 DOUGLAS ROAD, SUITE 1100
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GURIAN, JORGE
2665 SOUTH BAYSHORE DR.
SUITE 906
COCONUT GROVE, FL 33133 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: JORGE GURIAN

03/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERVID, VACLAV
Address: 2600 DOUGLAS ROAD, SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: BERVID, VLASTA
Address: 2600 DOUGLAS ROAD, SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VACLAV BERVID

MGRM

03/30/2009

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