


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90063 034 ***143.75

| | | | | | |
|--|-----------------------|--|---|--|--|
| DOCUMENT # L07000045935 | | | |  | |
| 1. Entity Name REAL ESTATE SOLUTIONS & ASSOCIATES LLC | | | | | |
| Principal Place of Business 445 DELEON AVENUE ORLANDO, FL 32805-1119 | | Mailing Address 445 DELEON AVENUE ORLANDO, FL 32805-1119 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 22-3963945 | |
| Zip | | Zip | | Country | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE | MGR | <input type="checkbox"/> Delete | | | |
| NAME | COOK, DAVID W | | | | |
| STREET ADDRESS | 445 DELEON AVENUE | | | | |
| CITY-ST-ZIP | ORLANDO, FL 328051119 | | | | |
| TITLE | MGR | <input type="checkbox"/> Delete | | | |
| NAME | LEIGH, JANICE A | | | | |
| STREET ADDRESS | 445 DELEON AVENUE | | | | |
| CITY-ST-ZIP | ORLANDO, FL 328051119 | | | | |
| TITLE | S | <input type="checkbox"/> Delete | | | |
| NAME | LEIGH, JANICE A | | | | |
| STREET ADDRESS | 445 DELEON AVENUE | | | | |
| CITY-ST-ZIP | ORLANDO, FL 328051119 | | | | |
| TITLE | T | <input type="checkbox"/> Delete | | | |
| NAME | COOK, DAVID W | | | | |
| STREET ADDRESS | 445 DELEON AVENUE | | | | |
| CITY-ST-ZIP | ORLANDO, FL 328051119 | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 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: <i>David W. Cook</i> | | | Date: <i>March 26 2008</i> (407) 721-1614 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |