

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000054543

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** EQUINOX SOLUTIONS, LLC

**Current Principal Place of Business:**

2800 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

2800 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805

**New Mailing Address:**

**FEI Number:** 26-0217922

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AVILES, AIXA D  
2800 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805 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:** ALZATE, CAROLINA  
**Address:** 13136 OULTON CR  
**City-St-Zip:** ORLANDO, FL 32822

**Title:** MRM  
**Name:** AVILES, AIXA D  
**Address:** 1710 WHITE HERON BAY CR  
**City-St-Zip:** ORLANDO, FL 32824

**Title:** MGRM  
**Name:** AVILES, MITCHELL J  
**Address:** 13136 OULTON CR  
**City-St-Zip:** ORLANDO, FL 32822

**Title:** MGRM  
**Name:** BABAN, BAWAN S  
**Address:** 1710 WHITE HERON BAY CR  
**City-St-Zip:** ORLANDO, FL 32824

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:** AIXA D. AVILES

MBR

04/27/2012

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