

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122737

FILED
Jul 02, 2009
Secretary of State

Entity Name: SOLOMAR LLC

Current Principal Place of Business:

12850 S.W. 147TH STREET
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12850 S.W. 147TH STREET
MIAMI, FL 33186

New Mailing Address:

FEI Number: 22-3973396 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:

Name and Address of New Registered Agent:

CAVE, MARLON
12850 SW 147 STREET
MIAMI, FL 33186 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAVE, MARLON
Address: 12850 S.W. 147TH STREET
City-St-Zip: MIAMI, FL 33186

Title: MGR () Delete
Name: CAVE, CHARMAINE P
Address: 12850 S.W. 147TH STREET
City-St-Zip: MIAMI, FL 33186

Title: S () Delete
Name: CAVE, MARLON
Address: 12850 S.W. 147TH STREET
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

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

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: MARLON CAVE

S

07/02/2009

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