

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000010722

Entity Name: SOLFLOWER LLC

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

927 BLUE HERON OVERLOOK  
OSPNEY, FL 34229 US

**New Principal Place of Business:**

**Current Mailing Address:**

1348 ADAMS STREET  
HOLLYWOOD, FL 33019 US

**New Mailing Address:**

927 BLUE HERON OVERLOOK  
OSPNEY, FL 34229 US

FEI Number: 51-0667566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RAY, CHRISTOPHER J  
927 BLUE HERON OVERLOOK  
OSPNEY, FL 34229 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: RAY, CHRISTOPHER J  
Address: 927 BLUE HERON OVERLOOK  
City-St-Zip: OSPNEY, FL 34229 US

Title: MGRM  
Name: RAY, KAREN  
Address: 927 BLUE HERON OVERLOOK  
City-St-Zip: OSPNEY, FL 34229 US

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: CHRISTOPHER J. RAY

MGRM

04/11/2011

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