

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000038458

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** FIRST CONTINENTAL SOLUTION, LLC

**Current Principal Place of Business:**

8615 COMMODITY CIRCLE  
STE 5  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

8615 COMMODITY CIRCLE  
STE 5  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 27-1660722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALDERRAMA PARTNERS, LLC  
1676 PROVIDENCE BLVD  
SUITE A  
DELTONA, FL 32725 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:** MATOS, RAFAEL  
**Address:** 2860 MAGNOLIA BLOSSOM CIRCLE  
**City-St-Zip:** CLERMONT, FL 34711 US

**Title:** MGR  
**Name:** SOSA, INGRID  
**Address:** 2860 MAGNOLIA BLOSSOM CIR  
**City-St-Zip:** CLERMONT, FL 34711 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:** RAFAEL MATOS

MGR

04/10/2012

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