

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000093123

Entity Name: POPULAR SOLUTIONS, L.L.C.

FILED  
Jan 28, 2011  
Secretary of State

**Current Principal Place of Business:**

8325 N.E. 2ND AVENUE  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

8325 N.E. 2ND AVENUE  
MIAMI, FL 33138

**New Mailing Address:**

FEI Number: 27-3391711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DEROSE, FRANTZY  
8325 N.E. 2ND AVENUE  
MIAMI, FL 33138 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: MGR  
Name: DEROSE, FRANTZY  
Address: 1900 NORTH BAYSHORE DRIVE, APT.#3405  
City-St-Zip: MIAMI, FL 33132

Title: MGR  
Name: LOUIS, GARVEY J  
Address: 10900 N.W. 14TH AVENUE, APT.#D49  
City-St-Zip: MIAMI, FL 33167

Title: MGR  
Name: NICHOLSON, CORINNE M  
Address: 3841 S.W. 160 AVENUE, APT. #208  
City-St-Zip: MIRAMAR, FL 33027

Title: MGR  
Name: LOUIS, NICOLETTE  
Address: 10900 N.W. 14TH AVENUE, APT. #D49  
City-St-Zip: MIAMI, FL 33167

Title: MGR  
Name: CESAR, BENITO  
Address: 320 ANDOVER M.  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: MGR  
Name: COMPERE, FRANTZ  
Address: 1201 N.E. 191 STREET, APT. #G111  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: FRANTZY DEROSE

MGR

01/28/2011

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