

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000081478

Entity Name: SOLANGE'S LLC

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2625 BARNA AVENUE  
SUITE G  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

119 BROAD ST  
TITUSVILLE, FL 32796

**Current Mailing Address:**

942 CHRISTI COURT  
TITUSVILLE, FL 32796

**New Mailing Address:**

119 BROAD ST  
TITUSVILLE, FL 32796

FEI Number: 45-2780922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ALFONSO, SOLANGE  
942 CHRISTI CT  
TITUSVILLE, FL 32796 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: ALFONSO, SOLANGE  
Address: 942 CHRISTI CT  
City-St-Zip: TITUSVILLE, FL 32796

Title: MGR  
Name: MEDINA, MIGUEL A  
Address: 942 CHRISTI CT  
City-St-Zip: TITUSVILLE, FL 32796

Title: MGRM  
Name: ALFONSO, MIRNA V  
Address: 254 BREAKAWAY TRAIL  
City-St-Zip: TITUSVILLE, FL 32780

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: SOLANGE ALFONSO

MGRM

02/22/2012

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