

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000095189

**Entity Name:** SOLUTIONS FOR EMPLOYEE ADVANCEMENT, LLC

**Current Principal Place of Business:**

1965 A1A SOUTH  
PMB 136  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

1965 A1A SOUTH  
PMB 136  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 56-2612747

**Certificate of Status Desired:** No

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

LEXANDRA, DOLORES  
1965 A1A S.  
PMB 136  
ST AUGUSTINE, FL 32080 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

**Authorized Person(s) Detail :**

Title MGR  
Name LEXANDRA, DOLORES  
Address 1965 A1A PMB 136  
City-State-Zip: ST AUGUSTINE FL 32080-6509

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DOLORES LEXANDRA

**MGR**

**01/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date