

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000081202

Entity Name: SOLES FAMILY, LLC

Current Principal Place of Business:

9297 WATERGLEN LANE
JACKSONVILLE, FL 32256

Current Mailing Address:

2805 PRATT PLACE
JACKSONVILLE, FL 32259

FEI Number: 27-3286083

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOSTER, HOLLYN J
334 E. DUVAL STREET
JACKSONVILLE, FL 32202 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 FLYNT, ADAM
Address 2805 PRATT PLACE
City-State-Zip: JACKSONVILLE FL 32259

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: ADAM FLYNT

MGR

01/22/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date