

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000022327

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** SOPHIS LLC

**Current Principal Place of Business:**

301 S.E. OCEAN BLVD., #150  
STUART, FL 34994

**New Principal Place of Business:**

1521 TAMARIND CT  
WESTON, FL 33327

**Current Mailing Address:**

301 S.E. OCEAN BLVD., #150  
STUART, FL 34994

**New Mailing Address:**

1521 TAMARIND CT  
WESTON, FL 33327

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

FINKELBERG, CHRISTIAN  
301 S.E. OCEAN BLVD., #150  
STUART, FL 34994    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: DE LOS SANTOS, GABRIELA  
Address: 301 S.E. OCEAN BLVD., #150  
City-St-Zip: STUART, FL 34994

Title: MGRM  
Name: CITARELLA, JULIO  
Address: 301 S.E. OCEAN BLVD., #150  
City-St-Zip: STUART, FL 34994

Title: MGRM  
Name: GARCIA VARELA, RODOLFO  
Address: 301 S.E. OCEAN BLVD., #150  
City-St-Zip: STUART, FL 34994

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: GABRIELA DE LOS SANTOS                      MGRM                      04/30/2010

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