

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000004913

1. Entity Name

SOUTO PROPERTIES, L.L.C.



Principal Place of Business

5605 NW 82 AVENUE
MIAMI, FL 33166 US

Mailing Address

5605 NW 82 AVENUE
MIAMI, FL 33166 US



01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1100106

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASAL, JULIAN
5605 NW 82 AVENUE
MIAMI, FL 33166

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SOUTO, JOSE ALBERTO
STREET ADDRESS	8080 NORTHWEST 58TH STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	MGR
NAME	SOUTO, JOSE ANGEL
STREET ADDRESS	8080 NORTHWEST 58TH STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	MGR
NAME	SOUTO, HAYDEE
STREET ADDRESS	8080 NORTHWEST 58TH STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	MGR
NAME	SOUTO, JOSE E
STREET ADDRESS	8080 NORTHWEST 58TH STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	MGR
NAME	SOUTO, ANGEL L
STREET ADDRESS	8080 NORTHWEST 58TH STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000385846
01/13/06-80034-011 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/12/06 305-5949635