

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000069211

**FILED**  
**Feb 11, 2010**  
**Secretary of State**

**Entity Name:** SOSA DUST BUSTERS LLC

**Current Principal Place of Business:**

237 NW 8TH AVE  
301  
HALLANDALE, FL 33009

**New Principal Place of Business:**

237 NW 8TH AVE  
301  
HALLANDALE, FL 33009 US

**Current Mailing Address:**

237 NW 8TH AVE  
301  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 27-0627416      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TAPIA, ONEIDA  
237 NW 8TH AVE  
301  
HALLANDALE, FL 33009 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:** SOSA, FREDDY O  
**Address:** 237 NW 8TH AVE #301  
**City-St-Zip:** HALLANDALE, FL 33009 US

**Title:** MGRM  
**Name:** TAPIA, ONEIDA  
**Address:** 237 NW 8TH AVE #301  
**City-St-Zip:** HALLANDALE, FL 33009 US

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: FREDDY O SOSA      MGRM      02/11/2010

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