

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000093614

Entity Name: SOJOIP, L.L.C.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2222 PONCE DE LEON BLVD.  
PH  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2222 PONCE DE LEON BLVD.  
PH  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 33-1222018

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MARY LOU RODON, P.A.  
2222 PONCE DE LEON BLVD.  
PENTHOUSE  
CORAL GABLES, FL 33134 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: HUBY, ALBERTO B  
Address: CALLE 5 NRO. 170 URB INDUSTRIAL BOCANEGRA  
City-St-Zip: CALLAO- LIMA, PU PERU PU

Title: MGRM  
Name: NORIEGA, ASUNCION A  
Address: CALLE 5 NRO. 170 URB INDUSTRIAL BOCANEGRA  
City-St-Zip: CALLAO- LIMA, PU PERU PU

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: ALBERTO HUBY

MGRM

04/30/2012

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