

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015393

Entity Name: SOCRAB, L.L.C.**Current Principal Place of Business:**7875 NW 12 STREET
108
DORAL, FL 33126**Current Mailing Address:**7875 NW 12 STREET
108
DORAL, FL 33126 US**FEI Number:** 65-1061877**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PASTRAN, ADOLFO
7875 NW 12 STREET
108
DORAL, FL 33126 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	PASTRAN, ADOLFO
Address	7875 NW 12 STREET 108
City-State-Zip:	DORAL FL 33126

Title	MGR
Name	CEJAS, EMILIANA
Address	7875 NW 12 STREET 108
City-State-Zip:	DORAL FL 33126

Title	DIRECTOR
Name	PASTRAN, ADOLFO J JR.
Address	7875 NW 12 STREET 108
City-State-Zip:	DORAL FL 33126

Title	DIRECTOR
Name	PASTRAN, MONICA C IV
Address	7875 NW 12 STREET 108
City-State-Zip:	DORAL FL 33126

Title	DIRECTOR
Name	PASTRAN, ROSEMARY II
Address	7875 NW 12 STREET 108
City-State-Zip:	DORAL FL 33126

Title	DIRECTOR
Name	PASTRAN, EMILY C III
Address	7875 NW 12 STREET 108
City-State-Zip:	DORAL FL 33126

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: ADOLFO PASTRAN**PRESIDENTE****04/06/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date