

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000038994

**FILED**  
**Apr 26, 2013**  
**Secretary of State**  
**CC3688924562**

**Entity Name:** SOJA, LLC

**Current Principal Place of Business:**

C/O MICHAEL MAZZOLA  
278 ROUTE 202  
SOMERS, NY 10589

**Current Mailing Address:**

C/O MICHAEL MAZZOLA  
278 ROUTE 202  
SOMERS, NY 10589

**FEI Number:** 20-1056291

**Certificate of Status Desired:** No

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

CHIUMENTO, MICHAEL D  
4 OLD KINGS ROAD NORTH  
SUITE B  
PALM COAST, FL 32137 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 MGRM  
Name LUPINACCI, NICHOLAS  
Address 5 SUMMER TERRACE  
City-State-Zip: PALM COAST FL 32137

Title MGRM  
Name MAZZOLA, MICHAEL J  
Address 278 ROUTE 202  
City-State-Zip: SOMERS NY 10589

Title MGRM  
Name THE KRISTI A CHIUMENTO  
REVOCABLE TRUST  
Address 4 OLD KINGS ROAD N SUITE B  
City-State-Zip: PALM COAST FL 32137

Title MGRM  
Name STAGLIANO, ANTHONY  
Address 29 CHEYENNE CRT  
City-State-Zip: PALM COAST FL 32137

Title MGRM  
Name BHPI CORP.  
Address 2344 QUAKER CHURCH ROAD  
City-State-Zip: YORKTOWN NY 10598

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL MAZZOLA

**MEMBER**

**04/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date