

**2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L12000141449

**Entity Name:** SOF ASSOCIATES - JV, LLC

**Current Principal Place of Business:**

287 WOODBURY PINES CIRCLE  
ORLANDO, FL 32828

**Current Mailing Address:**

287 WOODBURY PINES CIRCLE  
ORLANDO, FL 32828

**FEI Number:** 37-1705708

**Certificate of Status Desired:** No

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

ABSOLUTE DISASTER SERVICES, LLC  
12472 LAKE UNDERHILL ROAD  
#431  
ORLANDO, FL 32828 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           MANAGING MEMBER  
Name           ABSOLUTE DISASTER SERVICES, LLC  
Address        12472 LAKE UNDERHILL RD. #431  
City-State-Zip: ORLANDO FL 32828

Title           MEMBER  
Name           LOUI CONSULTING GROUP, INC.  
Address        1102 PARK DRIVE  
City-State-Zip: WARNER ROBINS GA 31088

Title           MEMBER  
Name           NETSOFT ASSOCIATES, INC.  
Address        114 CONSTITUTION DRIVE, SUITE 200  
City-State-Zip: WARNER ROBINS GA 31088

Title           MEMBER  
Name           ALPHA OMEGA CONSULTING, INC.  
Address        204 AVONDALE CIRCLE  
City-State-Zip: WARNER ROBINS GA 31088

*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:** GEORGE HERNANDEZ

**MANAGING MEMBER**

**04/16/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date