

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000102911

Entity Name: SOFKAM, LLC

**Current Principal Place of Business:**

1167 N W 49 STREET  
MIAMI, FL 33127

**Current Mailing Address:**

1167 N W 49 STREET  
MIAMI, FL 33127

FEI Number: 46-3223750

Certificate of Status Desired: Yes

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

KAMBA, SOKOLONI F  
1167 N W 49 STREET  
MIAMI, FL 33127 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 KAMBA, SOKOLONI F  
Address 1167 N W 49 STREET  
City-State-Zip: MIAMI FL 33127

Title MGR  
Name NKUBA, PATIENCE M  
Address 1167 N W 49 STREET  
City-State-Zip: MIAMI FL 33127

Title MGR  
Name KABUANSEYA, SYLVA K  
Address 1167 N W 49 STREET  
City-State-Zip: MIAMI FL 33127

Title MGR  
Name NSEYA, PARFAIT T  
Address 1167 N W 49 STREET  
City-State-Zip: MIANU FL 33127

Title MGR  
Name KABUANSEYA, GRACIA N  
Address 1167 N W 49 STREET  
City-State-Zip: MIAMI FL 33127

Title MGR  
Name KAMBA, BRENDA M  
Address 1167 N W 49 STREET  
City-State-Zip: MIAMI FL 33127

*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: SOKOLONI F KAMBA

PRESIDENT

02/07/2022

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

\_\_\_\_\_ Date