

2017 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, BRENDY 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 FRANCK KAMBA**FOUNDER & PRESIDENT** 03/22/2017_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date