Electronic Signature of Signing Authorized Person(s) Detail

### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L15000148716

Entity Name: SOFRITO MAMA'S, LLC

## **Current Principal Place of Business:**

935 N BENEVA RD 613 SARASOTA, FL 34232

#### **Current Mailing Address:**

935 N BENEVA RD 613 SARASOTA, FL 34232 US

## FEI Number: 47-5018915

### Name and Address of Current Registered Agent:

BOLDEN, ALICIA 935 N BENEVA RD 613 SARASOTA, FL 34232 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

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	BOLDEN, JASON L	Name	BOLDEN, ALICIA
Address	935 N BENEVA RD #613	Address	935 N BENEVA RD #613
City-State-Zip:	SARASOTA FL 34232	City-State-Zip:	SARASOTA FL 34232

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.

MANAGER

SIGNATURE: JASON BOLDEN

FILED Apr 05, 2017 Secretary of State CC6721650239

Certificate of Status Desired: Yes

04/05/2017

Date

Date