

**2018 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

**Certificate of Status Desired:** Yes

**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

\_\_\_\_\_  
Date

**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.*

**SIGNATURE:** JASON BOLDEN

**MGR**

**04/26/2018**

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

\_\_\_\_\_  
Date