

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000149839

**Entity Name:** SOFILU LLC**Current Principal Place of Business:**2301 COLLINS AVENUE  
UNIT 509  
MIAMI BEACH, FL 33139**Current Mailing Address:**2301 COLLINS AVENUE  
UNIT 509  
MIAMI BEACH, FL 33139 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HELLER, DAN P  
2701 PONCE DE LEON BOULEVARD  
SUITE 301  
CORAL GABLES, FL 33144 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:** DAN P HELLER

03/17/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name DUMONTET, MARIA B  
Address 2301 COLLINS AVENUE, UNIT 509  
City-State-Zip: MIAMI BEACH FL 33139

Title AMBR  
Name DUMONTET, SILVIA N  
Address 2301 COLLINS AVENUE, UNIT 509  
City-State-Zip: MIAMI BEACH FL 33139

Title MGR  
Name DUMONTET, MARIA J  
Address 2301 COLLINS AVENUE, UNIT 509  
City-State-Zip: MIAMI BEACH FL 33139

Title MGR  
Name DUMONTET, HECTOR  
Address 2301 COLLINS AVENUE  
UNIT 509  
City-State-Zip: MIAMI BEACH FL 33139

*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:** HECTOR DUMONTET**MANAGER**

03/17/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date