# 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L18000018434

Entity Name: SO RESIDENCES , LLC

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

450 ALTON RD C/O PASCAL ORLANDO UNIT 2803 MIAMI BEACH, FL 33139

### **Current Mailing Address:**

C/O MASSAT GROUP 33 W 46TH ST SUITE 800 NEW YORK, NY 10036 US

### FEI Number: 82-4300229

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

ORLANDO, PASCAL 100 NORTH BISCAYNE BLVD ALDA DESIGN SUITE1212 MIAMI, FL 33132 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 :

Authonized Person(s) Detail.			
Title	MGR	Title	MGR
Name	ORLANDO, PASCAL	Name	AHDJOUDJ, SOUHILA
Address	450 ALTON RD SUITE 810	Address	240 E 39TH ST 40G
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	NEW YORK NY 10016

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: PASCAL ORLANDO

GENERAL MANAGER

05/22/2020

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No