

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000013922

1. Entity Name
SOETEC, L.L.C.



Principal Place of Business

782 NW 42 AVE
STE 340
MIAMI, FL 33126

Mailing Address

782 NW 42 AVE
STE 340
MIAMI, FL 33126



05102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1094567

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERO, ARMANDO
782 NW 42 AVE, STE 342
MIAMI, FL 33126

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JOSE NICOLAS PAREDES
782 NW 42 AVE STE 340
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
RIVERO, ARMANDO
782 NW 42 AVE, STE 342
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U000000369157
06/08/05-80002-004 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____