

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90373 045 ***138.75

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**

50005956

2. Principal Place of Business - No P.O. Box #
15951 SW 61 Lane

3. Mailing Address
15951 SW 61 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302008 Chg-LLC CR2E083 (12/06)

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
65-1094567

Applied For
Not Applicable

Zip
33193

Country
USA

Zip
33193

Country
USA

5. Certificate of Status Desired ☐ \$5.00-Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, OSVALDO
782 NORTHWEST 42 AVENUE
SUITE 2
MIAMI, FL 33126**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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)

04/30/2008
DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PAREDES, JOSE N
782 NORTHWEST 42 AVENUE SUITE 340
MIAMI, FL 33126** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SANTILLAN, ANA
540 BRICKELL KEY DR SUITE 1216
MIAMI, FL 33131** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ARMANDO RIVERO
15951 SW 61, Lane, Miami FL 33193** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/30/2008
Date

Daytime Phone #