

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90344 012 \*\*\*\*50.00

**DOCUMENT # L01000006949**

1. Entity Name  
**SOPHIA'S SUBS, L.L.C.**



Principal Place of Business  
**2567 S KIRKMAN ROAD  
ORLANDO, FL 32811**

Mailing Address  
**1517 E. HILLCREST ST.  
ORLANDO, FL 32805**

**24013489**



2. Principal Place of Business

3. Mailing Address

**539 N. MILLS AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272004 Chg-LLC CR2E083 (10/03)

City & State

City & State  
**ORLANDO, FL**

4. FEI Number  
**59-3717283**

Applied For  
Not Applicable

Zip

Country

Zip

**32803**

Country

**US**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMALLEY, CRAIG W  
1517 E. HILLCREST STREET  
ORLANDO, FL 32803**

Name **ELORRE, KALVINCENT**

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

**2567 S. KIRKMAN ROAD**

City **ORLANDO**

**FL**

Zip Code **32811**

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 *Kalvincent*

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

(NOTE: Registered Agent signature required when reinstating)

**02/18/04**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ELORRE, KALVINCENT  
2567 S KIRKMAN ROAD  
ORLANDO, FL 32811** ☐ Delete

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

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

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

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: *Kalvincent*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**02/18/04**

Date

Daytime Phone #