

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90614 041 *****50.00

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DOCUMENT # L01000006949

1. Entity Name

SOPHIA'S SUBS, L.L.C.



Principal Place of Business

**2567 S KIRKMAN ROAD
ORLANDO FL 32811**

Mailing Address

**1527 E. CONCORD STREET
ORLANDO FL 32803**

2. Principal Place of Business

3. Mailing Address

1517 E. Hillcrest St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32803 USA

4. FEI Number

59-3717283

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED

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

Date

Daytime Phone #

04/01/03

407 292 0234

CR2E083 (10/02)