

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010149

FILED
Jan 05, 2007
Secretary of State

Entity Name: SOJO DESIGN, LLC

Current Principal Place of Business:

C/O SOFIA JOELSSON
1451 OCEAN DR STE. 204
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

C/O SOFIA JOELSSON
1451 OCEAN DR STE. 204
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 75-2951299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE SOLUTIONS GROUP
1521 ALTON ROAD
433
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOELSSON, SOFIA
Address: 1451 OCEAN DR STE. 204
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: GROOBMAN, RUBY M
Address: 1451 OCEAN DRIVE SUITE 204
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: WALL, BLANCA A
Address: 1451 OCEAN DRIVE SUITE 204
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SOFIA JOELSSON MGRM 01/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date