

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010149

FILED  
Jan 16, 2009  
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:**

CAGGIANO, MAXIMO  
1451 OCEAN DRIVE  
SUITE 204  
MIAMI BEACH, FL 33139 US

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: MAXIMO CAGGIANO      01/16/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MAXIMO CAGGIANO      MGR      01/16/2009  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date