## LIMITED LIABILITY COMPANY

## **FILED** May 13, 2002 8:00 am Secretary of State

**UNIFORM BUSINESS REPORT (UBR)** 

DOCUMENT # LO10000 184 96 05-13-2002 90210 007 \*\*\*\*50.00 1. Entity Name SONIE Profits, LLC DO NOT WRITE IN THIS SPACE 961143 2. Principal Place of Business 3. Mailing Address 279 Shady oaks Cicle 279 Study Oaks Circle Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Lake Man Cake Applied For Many FL 59-3752558 Zip 32フレ Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name DO NOT WRITE Street Address (P.D. Box Number is Not Acceptable) IN THIS SPACE 79 Shudy daks 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 SIGNATURE 4-28-02 Signature, typed or pr and title if applicable. FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 MANAGING MEMBERS / MANAGERS TITLE TITLE NAME Kyle Kelley 279 Stady Oaks Circle NAME STREET ADDRESS CR2E083B (12/01) STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lake Mary PL 32796 TITLE TITLE NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: DY YYYYYY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # STF FL32519F.1