

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000003704

1. Entity Name
SOHA LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 15 PM 3:47

Principal Place of Business
905 MARBLE DRIVE
NAPLES, FL 34104 US

Mailing Address
905 MARBLE DRIVE
NAPLES, FL 34104 US



01072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0400113

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SONDERS, PETER
905 MARBLE DRIVE
NAPLES, FL 34104

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VAN HAASZ, DETLEV
256 ST ANDREWS BLVD
NAPLES, FL 34113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
OHA, CHRISTINE
905 MARBLE DRIVE
NAPLES, FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SONDERS, PETER
905 MARBLE DRIVE
NAPLES, FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000004923
01/15/04-80031-015 50.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

PETER SONDERS

1/9/2004

(239) 430-0262