

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000020256

1. Entity Name
SOFRON, LLC



Principal Place of Business
**431 GULFVIEW BLVD. S.
CLEARWATER, FL 33767**

Mailing Address
**431 GULFVIEW BLVD. S.
CLEARWATER, FL 33767**

DO NOT WRITE IN THIS SPACE



01132004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MICHAELS, THOMAS O
1370 PINEHURST ROAD
DUNEDIN, FL 34698**

**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
**MGR
SOFRONAS, ELIAS J
431 GULFVIEW BLVD. S.
CLEARWATER, FL 33767**

TITLE
NAME
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CITY - ST - ZIP

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01/26/04-80025-021 50.00

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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)(f), 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 #

ELIAS J. SOFRONAS

1-21-04

461-7785