## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032041

1. Entity Name

SOTURO LLC



## Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90081 012 \*\*\*\*55.00

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2. Principal Place of Business 3. Mailing Address 4360 NORTHLAKE BLVD. 4360 NORTHLAKE BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. 203 203 City & State City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 51 – 0435 683 Applied For PALM BEACH GARDENS, PALM BEACH GARDENS, FL Not Applicable Country <sup>Zip</sup> 33410 Country USA \$5.00 Additional 5. Certificate of Status Desired 33410 USA Fee Required

## DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

WALDEMAR JAKUBOWSKI

Street Address (P.O. Box Number is Not Acceptable)

4360 NORTHLAKE BLVD.SUITE 203

City PALM BEACH GARDENS

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 ager

WALDEMAR JAKUBOWSKI - MEMBER

04/09/2003

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1

9.	MANAGING MEMBERS/MANAGERS	BOC BY WALL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER WALDEMAR JAKUBOWSKI 338 TURKEY RUN WINTER PARK, FL 32789 MEMBER LUCZKOWIEC ARTHUR LUCZKOWIEC 120 DAY LILY DR JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY_ST-ZIP  TITLE NAME STREET ADDRESS CITY_ST-ZIP						
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<sup>11.</sup> 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.

WALDEMAR JAKUBOWSKI -MEMBER

04/09/2003.

Daytime Phone #