

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008885

FILED
Apr 03, 2004
Secretary of State

Entity Name: ORCHIDS BY SONIA, LLC

Current Principal Place of Business:

15700 SW 217 AV.
MIAMI, FL 33187 US

New Principal Place of Business:

2550 SW 135 AV
MIAMI, FL 33175 US

Current Mailing Address:

15700 SW 217 AV.
MIAMI, FL 33187 US

New Mailing Address:

2550 SW 135 AV
MIAMI, FL 33175 US

FEI Number: 56-2335206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DI FELICE, SONIA
15700 SW 217 AV
MIAMI, FL 33187 US

Name and Address of New Registered Agent:

DI FELICE, SONIA
2550 SW 135 AV
MIAMI, FL 33175 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: SONIA DI FELICE

04/03/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DI FELICE, SONIA
Address: 15700 SW 217 AV
City-St-Zip: MIAMI, FL 33187

Title: MGRM () Delete
Name: ANGLADE, CARLOS
Address: 15700 SW 217 AVE
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DI FELICE, SONIA
Address: 2550 SW 135 AV
City-St-Zip: MIAMI, FL 33175

Title: MGRM (X) Change () Addition
Name: ANGLADE, CARLOS
Address: 2550 SW 135 AV
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SONIA DI FELICE

MGR

04/03/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date