

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000015601

1. Entity Name
SOYSAM "L.C."



FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90447 028 ****60.00

Principal Place of Business
2051 S. SEMORAN BLVD.
APT. D
ORLANDO, FL 32822

Mailing Address
P.O. BOX 720532
ORLANDO, FL 32872

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052003

Chg-LLC

CR2E083 (10/03)

4. FEI Number

383701544

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAREZ, SAMUEL M
2051 S. SEMORAN BLVD.
APT. D
ORLANDO, FL 32822

Name

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

City

FL

Zip Code

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 September 8, 2004

**Make check payable to
Florida Department of State.**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
SAMUEL M. ALVAREZ
2051 S. SEMORAN BLVD.
ORLANDO FL 32822

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Attachment
24075322
#L0300005601
May 11, 2004

Soysam "L.C."
Samuel M. Alvarex
P.O.Box 720532
Oelando Fl 32872

(407) 721-9458

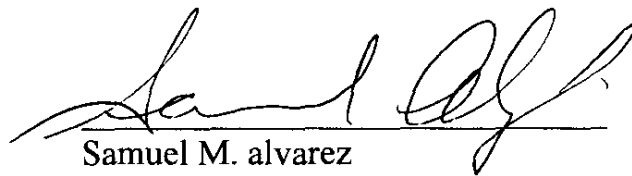
Gentelman enlose is my filing applicaqsion for 2004.

Enclosing as manager member my sel (Samuel m Alvarez)

My Pin # 38 3701544

Enclose check 35, for the amount of \$60.00, to cover: Filling fee
~~Certified~~
Certificate od status

Thank you for your services.



Samuel M. alvarez
Soysam "L.C."