


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000016082 1. Entity Name SOTO/HARDING, LLC	
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Principal Place of Business 161 WASHINGTON AVE MIAMI BEACH FL 33139	Mailing Address 161 WASHINGTON AVE MIAMI BEACH FL 33139
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number 74-3090540	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FEUERMAN, JONATHAN ESQ THERREL BAISDEN, P.A. ONE SE 3RD AVE, STE 2400-SUNTRUST INTL CTR MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> P SOTO, RAFAEL A 2101 N. BAY ROAD MIAMI BEACH FL 33140 </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> VPT SOTO, MARIA T 2101 N. BAY ROAD MIAMI BEACH FL 33140 </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> S SOTO, LOURDES 2101 N. BAY ROAD MIAMI BEACH FL 33140 </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> </table>	P SOTO, RAFAEL A 2101 N. BAY ROAD MIAMI BEACH FL 33140	<input type="checkbox"/> Delete	VPT SOTO, MARIA T 2101 N. BAY ROAD MIAMI BEACH FL 33140	<input type="checkbox"/> Delete	S SOTO, LOURDES 2101 N. BAY ROAD MIAMI BEACH FL 33140	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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10. ADDITIONS / CHANGES											
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Louise Soto 2/21/07 305-532-9074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #