2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000031009

1. Entity Name
E & M SOD, LLC

Principal Place of Business	Mailing Address
P.O. BOX 1302 ARCADIA, FL 34265	P.O. BOX 1302 ARCADIA, FL 34265

02082005No Chg-LLC CR2E083 (10/03)

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4. FEI Number
20-0144464
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREW AMES, CPA, CFP
128 WEST OAK STREET
ARCADIA, FL 34266

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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 Nancy Ca
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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CARMONA, NANCY
STREET ADDRESS	1065 S.E. MILLS AVENUE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	MGRM
NAME	LORENA MARES, MARIA
STREET ADDRESS	1065 S.E. MILLS AVENUE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	MGRM
NAME	MARES, JESUS M
STREET ADDRESS	1553 S.E. CARNAHAN AVENUE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	MGRM
NAME	MARES, EFRAIN MANUEL
STREET ADDRESS	1065 S.E. MILLS AVENUE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Nancy Carmona as a managing member 2/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #