

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037215

Entity Name: SOMISA LLC

FILED  
Apr 30, 2005  
Secretary of State

## Current Principal Place of Business:

828 SE 4TH ST  
FORT LAUDERDALE, FL 33301 US

## Current Mailing Address:

828 SE 4TH ST  
FORT LAUDERDALE, FL 33301 US

## New Principal Place of Business:

1500 N. FEDERAL HWY.  
STE. 200  
FORT LAUDERDALE, FL 33304 US

## New Mailing Address:

1500 N. FEDERAL HWY.  
STE. 200  
FORT LAUDERDALE, FL 33304 US

FEI Number: 20-0305502

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASTRIANA & CHRISTIANSEN, P.A.  
1500 N. FEDERAL HIGHWAY  
SUITE 200  
FORT LAUDERDALE, FL 33304 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: MCDONALD, JOHN  
Address: 828 SE 4TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: M ( ) Change (X) Addition  
Name: MCDONALD, SARAH  
Address: 1500 N. FEDERAL HWY. STE. 200  
City-St-Zip: FORT LAUDERDALE, FL 33304

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: SARAH MCDONALD

M

04/30/2005

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