

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90277 031 ****50.00

DOCUMENT # L03000038994

1. Entity Name
SOJA, LLC



Principal Place of Business

**C/O MICHAEL MAZZOLA
338 ROUTE 100
SOMERS, NY 10589**

Mailing Address

**C/O MICHAEL MAZZOLA
338 ROUTE 100
SOMERS, NY 10589**

20028270



03072005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1056291

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHIUMENTO, MICHAEL D
4 OLD KINGS ROAD NORTH
SUITE B
PALM COAST, FL 32137**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LUPINACCI, NICHOLAS
STREET ADDRESS	8 CRAFTON COURT
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	MGRM
NAME	MAZZOLA, MICHAEL
STREET ADDRESS	278 ROUTE 202
CITY-ST-ZIP	SOMERS, NY 10589
TITLE	MGRM
NAME	Michael D. Chiumento
STREET ADDRESS	4 Old Kings Road N., Suite B
CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	MGRM
NAME	Anthony Stagliano
STREET ADDRESS	29 Cheyenne Court
CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____