

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026769

Entity Name: SOHA ENTERPRISES, LLC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

2900 GLADES CIRCLE  
SUITE 375  
WESTON, FL 33327 US

## Current Mailing Address:

2900 GLADES CIRCLE  
SUITE 375  
WESTON, FL 33327 US

## New Principal Place of Business:

5599 S. UNIVERSITY DR  
SUITE 305  
DAVIE, FL 33328 US

## New Mailing Address:

5599 S. UNIVERSITY DR  
SUITE 305  
DAVIE, FL 33328 US

FEI Number: 36-4572382

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRIEDWALD, MARIO F  
745 FALLING WATER RD  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

FRIEDWALD, MARIO F  
5599 S. UNIVERSITY DR  
SUITE 305  
DAVIE, FL 33328 US

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: MARIO F FRIEDWALD

04/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: FRIEDWALD, MARIO F  
Address: 745 FALLING WATER RD  
City-St-Zip: WESTON, FL 33326 US

Title: MGRM ( ) Delete  
Name: FRIEDWALD, SORAYA M  
Address: 745 FALLING WATER RD  
City-St-Zip: WESTON, FL 33326 US

Title: MGR ( ) Delete  
Name: RODRIGUEZ, CINTIA  
Address: 745 FALLING WATER RD  
City-St-Zip: WESTON, FL 33326 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: FRIEDWALD, MARIO F  
Address: 5599 S. UNIVERSITY DR  
City-St-Zip: DAVIE, FL 33328 US

Title: MGRM (X) Change ( ) Addition  
Name: FRIEDWALD, SORAYA M  
Address: 5599 S. UNIVERSITY DR  
City-St-Zip: DAVIE, FL 33328 US

Title: MGR (X) Change ( ) Addition  
Name: RODRIGUEZ, CINTIA  
Address: 5599 S. UNIVERSITY DR  
City-St-Zip: DAVIE, FL 33328 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARIO F FRIEDWALD

MGR

04/30/2009

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