

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

05-23-2005 90377 017 ****50.00

DOCUMENT # L04000031363

1. Entity Name
JOSE SORTO LLC



Principal Place of Business

Mailing Address

**255 240 SW 56 TERRACE
#111-6
MARGATE, FL 33068 US**

**255 240 SW 56 TERRACE
#111-6
MARGATE, FL 33068 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032005 Chg-LLC 20-1044344 CR2E083 (10/03)

4. FEI Number

L04000031363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**255 SORTO, JOSE A
240 SW 56 TERRACE
#111-6
MARGATE, FL 33068**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 renewing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SORTO, JOSE A
STREET ADDRESS **255 SW 56 TERRACE, #111-6**
CITY-ST-ZIP MARGATE, FL 33068

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME GARCIA, ELVA E
STREET ADDRESS 255 SW 56 AVENUE, #111-6
CITY-ST-ZIP MARGATE, FL 33068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME HERNANDES, MARCELO
STREET ADDRESS 8130 SW 4 STREET
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **JOSE SORTO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

05/17/05

954-736-7724