

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041101

Entity Name: SODOR J. EQUITIES, LLC

FILED  
May 17, 2006  
Secretary of State

**Current Principal Place of Business:**

3601 E 38TH AVE  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

3601 E 38TH AVE  
TAMPA, FL 33610

**New Mailing Address:**

FEI Number: 20-1189104      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SINGER, BERNARD A ESQ  
3107 STIRLING RD, STE 105  
FORT LAUDERDALE, FL 33312      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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BERLONGIERI, ROSETTA  
Address: 9220 PINE ISLAND CDT  
City-St-Zip: TAMPA, FL 33647

Title: MGRM ( ) Delete  
Name: KAWAUCHI, RONALD  
Address: 9220 PINE ISLAND CT  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD KAWAUCHI

MGRM

05/17/2006

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