

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000043673

**FILED**  
**Dec 09, 2005**  
**Secretary of State**

**Entity Name:** SOCA LLC

**Current Principal Place of Business:**

14321 SW 129 CT.  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

14321 SW 129 CT.  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 20-1350524      **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:**

SAENZ, ALVARO  
14321 SW 129 CT.  
MIAMI, FL 33186    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: ALVARO SAENZ

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SAENZ, ALVARO  
Address: 14321 SW 129 CT.  
City-St-Zip: MIAMI, FL 33186

Title: MGR      ( ) Delete  
Name: SAENZ, SANDRA  
Address: 14321 SW 129 CT.  
City-St-Zip: MIAMI, FL 33186

**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 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: ALVARO SAENZ

MGR

12/09/2005

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