## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000046339

JOSE RAFAEL SAID AGU, AYO

12524 OULTON CIRCLE

ORLANDO, FL 32832

Name:

Address:

City-St-Zip:

Entity Name: SOPHIA'S HOME LLC

FILED Feb 04, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8810 COMMODITY CIRCLE UNIT 16 ORLANDO, FL 32819 **New Mailing Address: Current Mailing Address:** 8810 COMMODITY CIRCLE UNIT 16 ORLANDO, FL 32819 FEI Number: 20-1604470 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOSE ELIAS SAID 3138 ZAHARIAS DR ORLANDO, FL 32837 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete JOSE RAFAEL SAID CAF, RONI Name: Name: 3138 ZAHARIAS DR. Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: ROSARIO AGUAYO DE SA, ID Name: Address: 3138 ZAHARIAS DR. Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition JOSE ELIAS SAID AGUA, YO Name: Name: Address: 10718 MERE PARKWAY Address: City-St-Zip: ORLANDO, FL 32832 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: ALEJANDRA SAID AGUAY, O Name: 3138 ZAHARIAS DR. Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: MGRM Title: ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE ELIAS SAID MR 02/04/2008