

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90021 022 \*\*\*\*50.00

DOCUMENT # L04000052956

1. Entity Name  
SOUFLEE LLC



Principal Place of Business  
C/O WINGHOLD IVEST & TRADE, INC.  
PASEA ESTATE, ROAD TOWN, TORTOLA  
BRITISH VIRGIN ISLANDS,

Mailing Address  
C/O MILTON R. GLEIT, ESQ.  
11 MARTINE AVE., 12TH FLOOR  
WHITE PLAINS, NY 10606

2. Principal Place of Business

3. Mailing Address  
2333 BRICKELL AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072006 Chg-LLC CR2E083 (11/05)

City & State

City & State  
MIAMI - FLORIDA

4. FEI Number  
20-1393958

Applied For  
Not Applicable

Zip Country

Zip Country  
33129 USA

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

UCC FILING & SEARCH SERVICES, INC.  
1574 VILLAGE SQUARE BLVD  
SUITE 100  
TALLAHASSEE, FL 32309

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 reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME AROCENA, FEDERICO A  
STREET ADDRESS 2333 BRICKELL AVE., PH-106  
CITY-ST-ZIP MIAMI, FL 33129 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #

3/7/06