

DOCUMENT # L040000/6670

1. Entity Name
SOKARDA PROPERTIES, L.L.C.



Principal Place of Business
4235 CENTRAL AVE
BOWLING GREEN, FL 33834

Mailing Address
4235 CENTRAL AVE
BOWLING GREEN, FL 33834

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90054 048 ***138.75

DO NOT WRITE IN THIS SPACE

04282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-1774660

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOKARDA, ADAM
4235 CENTRAL AVE
BOWLING GREEN, FL 33834

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SOKARDA, ADAM
STREET ADDRESS	4235 CENTRAL AVE
CITY-ST-ZIP	BOWLING GREEN, FL 33834

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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: *Adam Sokarda*

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

4-28-08 8633153500

Date

Daytime Phone #