DUCUMENT # L040000 / 6670

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

Principal Place of Business **4235 CENTRAL AVE**

STREET ADDRESS CITY-ST-ZIP



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

05-20-2008 90054 048 ***138.75

Mailing:Address BOWLING GREEN, FL 33834

4235 CENTRAL AVE **BOWLING GREEN, FL 33834**

			04282008 No Chg-LLC	CR2E083 (12/07)	
	CENTER OF THE SERVICE		4. FEI Number 20-1774660	Applied For Not Applicable	
			5. Certificate of Status Desired	\$5.00 Additional	
	6. Name and Address of Current Registered Agent				
SOKARDA 4235 CEN BOWLING		i management time a ball in the			
 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 little if applicable. (NOTE: Registered	d Agent signature required	when reinstalling	DATE	
PILE NOWID PEE IS \$138.75 After May 1, 2008 Fee will be \$538.78 9. MANAGING MEMBERS/MANAGERS ITTLE MGR RALE SOKARDA, ADAM STREET ADDRESS 4235 CENTRAL AVE					
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STREET ADDRESS	4235 CENTRAL AVE BOWLING GREEN, FL 33834				
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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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

Ar .		ì
SIGNATURE: Adam Salegudo	1 00 00	263.3753500
SIGNATURE: Hanu XINLOUSIU	4-28-08	<u> </u>
SIGNATURE AND TYPES ON PRINTED HANGE OF SERVING HANAGING HERBER, OR AUTHORIZED REPRESENTATIVE	Cade	Daytime Phone #