

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093415

FILED  
Jan 30, 2008  
Secretary of State

**Entity Name:** SOCARRAS & ASSOCIATES, LLC

**Current Principal Place of Business:**

4767 NEW BROAD STREET  
ORLANDO, FL 32814 US

**New Principal Place of Business:**

**Current Mailing Address:**

4767 NEW BROAD STREET  
ORLANDO, FL 32814 US

**New Mailing Address:**

FEI Number: 20-2053430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOCARRAS, RAUL  
4767 NEW BROAD STREET  
ORLANDO, FL 32814 US

**Name and Address of New Registered Agent:**

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:**

Title: MGR ( ) Delete  
Name: SOCARRAS, RAUL  
Address: 4767 NEW BROAD STREET  
City-St-Zip: ORLANDO, FL 32814 US

Title: MGR ( ) Delete  
Name: SOCARRAS, EDWARD  
Address: 3617 PERSHING AVENUE  
City-St-Zip: ORLANDO, FL 32812 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: SOCARRAS, EDWARD  
Address: 4046 ISLE VISTA AVENUE  
City-St-Zip: BELLE ISLE, FL 32812 US

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.

SIGNATURE: RAUL SOCARRAS

MGR

01/30/2008

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