

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093415

FILED  
Mar 16, 2009  
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:

3708 S CONWAY ROAD  
ORLANDO, FL 32812 US

## Current Mailing Address:

4767 NEW BROAD STREET  
ORLANDO, FL 32814 US

## New Mailing Address:

3708 S CONWAY ROAD  
ORLANDO, FL 32812 US

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:

SOCARRAS, RAUL  
3708 S CONWAY ROAD  
ORLANDO, FL 32812 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:

03/16/2009

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: 4046 ISLE VISTA AVENUE  
City-St-Zip: BELLE ISLE, FL 32812 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SOCARRAS, RAUL  
Address: 3708 S CONWAY ROAD  
City-St-Zip: ORLANDO, FL 32812 US

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

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

03/16/2009

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