

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007030

Entity Name: SOFIA A. OJEDA, LLC.

FILED  
Jun 23, 2009  
Secretary of State

## Current Principal Place of Business:

2359 SW 127TH AVENUE  
MIRAMAR, FL 33027

## New Principal Place of Business:

13048 SW 24TH STREET  
MIRAMAR, FL 33027

## Current Mailing Address:

2359 SW 127TH AVENUE  
MIRAMAR, FL 33027

## New Mailing Address:

13048 SW 24TH STREET  
MIRAMAR, FL 33027

FEI Number: 20-2369663      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

OJEDA, SOFIA A  
2359 SW 127TH AVENUE  
MIRAMAR, FL 33027      US

## Name and Address of New Registered Agent:

OJEDA, SOFIA A  
13048 SW 24TH STREET  
MIRAMAR, FL 33027      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: SOFIA OJEDA

06/23/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: OJEDA, SOFIA A  
Address: 2359 SW 127TH AVENUE  
City-St-Zip: MIRAMAR, FL 33027

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: OJEDA, SOFIA A  
Address: 13048 SW 24TH STREET  
City-St-Zip: MIRAMAR, FL 33027

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: SOFIA OJEDA

MS.

06/23/2009

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