

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008637

FILED
Aug 27, 2009
Secretary of State

Entity Name: SORTE L.L.C.

Current Principal Place of Business:

21157 NE 33RD AVE
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

21157 NE 33RD AVE
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-2313051 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:

Name and Address of New Registered Agent:

TAX HOUSE CORPORATION
1100 S FEDERAL HWY
DEERFIELD BEACH, FL 33441 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: M () Delete
Name: GAMMERMAN, SALOMAO JAKOB
Address: 21157 NE 33RD AVE
City-St-Zip: AVENTURA, FL 33180

Title: M () Delete
Name: SIMCHA PROPERTIES INT'L INC.
Address: 21157 NE 33RD AVE
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GAMMERMAN, SALOMAO JAKOB
Address: 21157 NE 33RD AVE
City-St-Zip: AVENTURA, FL 33180

Title: MGR (X) Change () Addition
Name: SIMCHA PROPERTIES INT'L INC.
Address: 21157 NE 33RD AVE
City-St-Zip: AVENTURA, FL 33180

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: SALOMAO GAMMERMAN

MGR

08/27/2009

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