

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041167

Entity Name: SOFAS4LESS LLC

FILED
Jul 03, 2006
Secretary of State

Current Principal Place of Business:

11230 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

New Principal Place of Business:

11346-11348S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

Current Mailing Address:

11230 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

New Mailing Address:

11346-11348 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

FEI Number: 20-3398085 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:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

LORRAINE, BUTLER
11346-11348 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837 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: L BUTLER

07/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BUTLER, LORRAINE
Address: 11230 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837

Title: MGR () Delete
Name: BUTLER, MARC
Address: 11230 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: BUTLER, LORRAINE
Address: 11346-11348 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837

Title: MGR (X) Change () Addition
Name: BUTLER, MARC
Address: 11346-11348 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837

Title: PRES () Change (X) Addition
Name: BUTLER, LORRAINE
Address: 11346-11348 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the 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: LORRAINE BUTLER

PRES

07/03/2006

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