

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000041167

1. Entity Name
SOFAS4LESS LLC



Principal Place of Business

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

Mailing Address

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



03272008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3398085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	PRES
NAME	BUTLER, LORRAINE
STREET ADDRESS	11346-11348 S. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	PRES
NAME	BUTLER, LORRAINE
STREET ADDRESS	11346-11348 SOUTH ORANGE BLOSSOM TRAIL
CITY-ST-ZIP	ORLANDO, FL 32837
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/30/08-80062-012 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

29 APR 08