

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000042380

1. Entity Name
SOSSO ENTERPRISES, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAR 15 AM 9:35

Principal Place of Business
130 NORTH TAMiami TRAIL
SARASOTA, FL 34236

Mailing Address
130 NORTH TAMiami TRAIL
SARASOTA, FL 34236



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-3859281

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Scott SossO

Street Address (P.O. Box Number is Not Acceptable)

130 n tamiami trail

Sarasota FL

34236

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-07

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SOSSO, SCOTT G MANAGER
130 N TAMiami TRAIL
SARASOTA, FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-26-07

Date

941 558-1365

Daytime Phone #