

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069394

Entity Name: SOJ ENTERPRISES, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

559 NORTHPORT DR
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

559 NORTHPORT DR
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 83-0438507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTHMANN, BRAD
559 NORTHPORT DR
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: ORTHMANN, BRADLEY
Address: 559 NORTHPORT DR
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGRM () Delete
Name: JACOBS, FLOYD
Address: 590 LAKE KATHRYN CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGRM () Delete
Name: STEINBECK, STEVEN
Address: 1772 CINNAMON CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRAD ORTHMANN

MGRM

04/30/2009

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