

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000002301

**FILED  
Jan 09, 2012  
Secretary of State**

**Entity Name:** SOCARRAS & ASSOCIATES LLC

**Current Principal Place of Business:**

3301 PONCE DE LEON BLVD  
SUITE 220  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

6235 SW 113TH STREET  
PINECREST, FL 33156

**New Mailing Address:**

**FEI Number:** 20-4077242

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOCARRAS, FRANK O CPA  
6235 SW 113TH STREET  
PINECREST, FL 33156 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  
**Name:** FRANK O SOCARRAS, P.A.  
**Address:** 6235 SW 113TH STREET  
**City-St-Zip:** PINECREST, FL 33156 US

I hereby 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: FRANK O SOCARRAS, PA

MGRM

01/09/2012

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