

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90030 003 ****50.00

DOCUMENT # L06000004024

1. Entity Name
SOTOLONGO INTERIOR DESIGN LLC




Principal Place of Business
**3789 NE 170TH ST.
 A2
 NORTH MIAMI BEACH, FL 33173**

Mailing Address
**3789 NE 170TH ST.
 A2
 NORTH MIAMI BEACH, FL 33173**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number
APPLIED FOR Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SOTOLONGO, JOSE JR.
 3789 NE 170TH ST.
 A2
 NORTH MIAMI BEACH, FL 33160**

7. Name and Address of New Registered Agent

Name **Daisy M. Sotolongo**

Street Address (P.O. Box Number is Not Acceptable)
3789 N.E. 170 ST. # A-2

City **North Miami Beach** FL Zip Code **33160**

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 *Jose M. Sotolongo* (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MANAGING MEMBERS	JESUS SOTOLONGO	3789 N.E. 170 ST. # A-2	NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MANAGING MEMBERS	DAISY M. SOTOLONGO	3789 N.E. 170 ST. # A-2	NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Daisy M. Sotolongo* Date **4/25/2007** Daytime Phone # **786-253-2386**