

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039200

Entity Name: SOUL CONNECTION, LLC

FILED  
Feb 27, 2007  
Secretary of State

**Current Principal Place of Business:**

20170 NW 29 AVE  
BOCA RATON, FL 33434 US

**New Principal Place of Business:**

**Current Mailing Address:**

20170 NW 29 AVE  
BOCA RATON, FL 33434 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

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

LEIFER, CLAUDIA  
20710 NW 29 AVE  
BOCA RATON, FL 33434 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: MGR ( ) Delete  
Name: LEIFER, CLAUDIA  
Address: 20710 NW 29 AVE  
City-St-Zip: BOCA RATON, FL 33434 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MRS (X) Change ( ) Addition  
Name: LEIFER, CLAUDIA  
Address: 20710 NW 29 AVE  
City-St-Zip: BOCA RATON, FL 33434 US

Title: MR ( ) Change (X) Addition  
Name: LEIFER, DIRK  
Address: 20710 NW 29 AVE  
City-St-Zip: BOCA RATON, FL 33434 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAUDIA LEIFER

MRS

02/27/2007

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