

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039200

FILED
Mar 26, 2008
Secretary of State

Entity Name: SOUL CONNECTION, LLC

Current Principal Place of Business:

20170 NW 29 AVE
BOCA RATON, FL 33434 US

New Principal Place of Business:

3330 NE 190TH STREET #611
AVENTURA, FL 33180 US

Current Mailing Address:

20170 NW 29 AVE
BOCA RATON, FL 33434 US

New Mailing Address:

3330 NE 190TH STREET #611
AVENTURA, FL 33180 US

FEI Number: 65-1276881

FEI Number Applied For ()

FEI Number Not Applicable ()

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:

LEIFER, CLAUDIA
3330 NE 190TH STREET #611
AVENTURA, FL 33180 US

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:

03/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MRS (X) Change () Addition
Name: LEIFER, CLAUDIA
Address: 3330 NE 190TH STREET #611
City-St-Zip: AVENTURA, FL 33180 US

Title: MR (X) Change () Addition
Name: LEIFER, DIRK
Address: 3330 NE 190TH STREET #611
City-St-Zip: AVENTURA, FL 33180 US

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: CLAUDIA LEIFER

MRS

03/26/2008

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