

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90078 016 ****50.00

DOCUMENT # L05000060615

1. Entity Name

SOTAR LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

705 Regency CT

3. Mailing Address

705 Regency CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33613

Country

USA

Zip

33613

Country

USA

DO NOT WRITE IN THIS SPACE

UC 2702544

4. FEI Number

22-3935860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 Coral Way, 4th Floor

City

MIAMI

FL

Zip Code

33145

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE OPERATING MANAGER - TREASURER
NAME WILLIAM J. FITZGERALD
STREET ADDRESS 705 REGENCY CT
CITY-ST-ZIP TAMPA FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE OPERATING MANAGER - SECRETARY
NAME MARGARET FITZGERALD
STREET ADDRESS 705 REGENCY CT
CITY-ST-ZIP TAMPA FL 33613

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

William J. Fitzgerald

4-25-2007

813-963-7974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)