2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000110050

1. Entity Name
SOHO SANCTUARY LLC

Principal Place of Business	Mailing Address
3401 HENDERSON BLVD SUITE A TAMPA, FL 33609	3401 HENDERSON BLVD SUITE A TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5835807

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAVINO, LYN
3401 HENDERSON BLVD
SUITA   Suite A
TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

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.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SAVINO, LYN
STREET ADDRESS	1310 EAST GIDDENS AVENUE
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	S
NAME	SAVINO, LYN
STREET ADDRESS	1310 EAST GIDDENS AVENUE
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ Lyn Savino _____ 4-30-08 _____ 813-872-1829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #