


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90045 011 \*\*\*138.75

<b>DOCUMENT # L06000117989</b>					
<b>1. Entity Name</b> STRINGS 'N RINGS SOHO, LLC					
<b>Principal Place of Business</b> 223 S. HOWARD AVE. TAMPA, FL 33606 US			<b>Mailing Address</b> 223 S. HOWARD AVE. TAMPA, FL 33606 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 2019 W. Platt Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> Tampa, FL		<b>4. FEI Number</b> 20-8026890	
<b>Zip</b>		<b>Country</b> 33606 USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				04032008 Chg-LLC CR2E083 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  THOMAS, ORTIZ 223 S. HOWARD AVE. TAMPA, FL 33606			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 2019 West Platt Street City Tampa FL Zip Code 33606		
<b>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.</b> SIGNATURE <u>Thomas Ortiz, MGRM</u> DATE <u>04/04/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM STRINGS N' RINGS, INC. 223 S. HOWARD AVE. TAMPA, FL 33606 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	2019 W. Platt Street Tampa, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM SCOTT, CHRIS 223 S. HOWARD AVE. TAMPA, FL 33606 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	2019 W. Platt Street Tampa, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM HANNOUCHE, PETE 223 S. HOWARD AVE. TAMPA, FL 33606 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	2019 W. Platt Street Tampa, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM ORTIZ, THOMAS 223 S. HOWARD AVE. TAMPA, FL 33606 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	2019 W. Platt Street Tampa, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE: Thomas Ortiz, MGRM</b>			04/04/08 813-259-0136		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		