

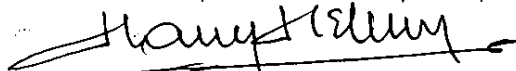


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Mar 20, 2008 8:00 am
Secretary of State

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DOCUMENT # L07000021778				Secretary of State 03-20-2008 90182 012 ***138.75	
1. Entity Name SONERMA, L.L.C.					
Principal Place of Business 830 NORTH ATLANTIC AVE UNIT B208 COCOA BEACH, FL 32931		Mailing Address 830 NORTH ATLANTIC AVE UNIT B208 COCOA BEACH, FL 32931			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092008 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number	
Zip		Country		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		\$5.00 Additional Fee Required - -	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HELMY, HANY F 830 NORTH ATLANTIC AVE UNIT B208 COCOA BEACH, FL 32931			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HELMY, HANY F 830 NORTH ATLANTIC AVE UNIT B208 COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  JAN 20th/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					