


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90079 048 ***143.75

DOCUMENT # L07000040932	
1. Entity Name SONATA, LLC	

Principal Place of Business 2999 NE 191 STREET, PH8 AVENTURA, FL 33180	Mailing Address 2999 NE 191 STREET, PH8 AVENTURA, FL 33180
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60009027



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 967 MARINA DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WESTON, FL	
Zip	Country	Zip	Country
33327	USA	33327	USA

02142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8883884		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent USANDIZAGA, GUSTAVO 2999 NE 191 STREET, PH8 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name USANDIZAGA GUSTAVO Street Address (P.O. Box Number is Not Acceptable) 967 MARINA DR City WESTON FL Zip Code 33327	

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  **GUSTAVO USANDIZAGA MGR** **2/14/08**
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
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 USANDIZAGA, GUSTAVO 2999 NE 191 STREET, PH8 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUSTAVO USANDIZAGA 967 MARINA DR, WESTON, FL, 33327 <input checked="" 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	MGR ELIAS PERCHIK 987 WINDWARD WAY, WESTON, FL, 33327 <input type="checkbox"/> Change <input checked="" 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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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

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:

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

GUSTAVO USANDIZAGA, MGR, 2/14/08 354 605 5720

Date

Daytime Phone #