

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000088232

Entity Name: S.O. 422 LLC

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

C/O 1500 SAN REMO AVE, SUITE 248  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 1500 SAN REMO AVE, SUITE 248  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 90-0356244

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARED, PABLO R ESQ  
BARED AND ASSOC., P.A.  
1500 SAN REMO AVENUE, SUITE 248  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SALDARRIAGA, ALFONSO  
Address: C/O 1500 SAN REMO AVE, SUITE 248  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR  
Name: SALDARRIAGA, JUAN DIEGO  
Address: C/O 1500 SAN REMO AVE, SUITE 248  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ALFONSO SALDARRIAGA

MGR

03/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date