

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000108325

Entity Name: SOF VENTURES, LLC

**FILED**  
**Mar 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2700-6 EVANS AVENUE  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2543  
FT. MYERS, FL 33902

**New Mailing Address:**

FEI Number: 26-1317642

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TOFFOLI, JAMES P MGRM  
2700-6 EVANS AVENUE  
FORT MYERS, FL 33901 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: MGRM  
Name: TOFFOLI, JAMES P  
Address: 2700-6 EVANS AVENUE  
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM  
Name: THOMPSON, WILLIAM B IV  
Address: 30 TIMBERLAND CIRCLE SOUTH  
City-St-Zip: FORT MYERS, FL 33919

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: JAMES TOFFOLI

MGRM

03/04/2010

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