

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000020648

Entity Name: SOTA HOSTING, LLC

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

9838 OLD BAYMEADOWS ROAD
PMB 190
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9838 OLD BAYMEADOWS ROAD
PMB 190
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 32-0293012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLUSKEY, NORMAN
6817 SOUTHPOINT PKWY STE 1904
JACKSONVILLE, FL 32216 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: MCCLUSKEY, NORMAN
Address: 9838 OLD BAYMEADOWS RD BOX 76
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Change (X) Addition
Name: MCCLUSKEY, CHERYL
Address: 9838 OLD BAYMEADOWS RD BOX 76
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Change (X) Addition
Name: MCCLUSKEY, MICHAEL
Address: 9838 OLD BAYMEADOWS RD BOX 76
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: NORMAN MCCLUSKEY

MGRM

02/02/2009

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