

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052130

Entity Name: SOS INVESTMENTS, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

11315 GEORGETOWN CIRCLE
TAMPA, FL 33635

New Principal Place of Business:

Current Mailing Address:

C/O TEMPLE H. DRUMMOND, ESQ
6987 EAST FOWLER AVENUE
TAMPA, FL 33617

New Mailing Address:

11315 GEORGETOWN CIRCLE
TAMPA, FL 33635

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DRUMMOND, TEMPLE H
6987 EAST FOWLER AVENUE
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

DIXON, DOUGLAS J
11315 GEORGETOWN CIRCLE
TAMPA, FL 33635 US

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: DOUGLAS J. DIXON

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: DIXON, DOUGLAS J
Address: 11315 GEORGETOWN CIRCLE
City-St-Zip: TAMPA, FL 33635

Title: MGR () Change (X) Addition
Name: DIXON, LYNN F
Address: 11315 GEORGETOWN CIRCLE
City-St-Zip: TAMPA, FL 33635

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: DOUGLAS J. DIXON

MGRM

05/01/2009

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