

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000054428

Entity Name: THE S.O.S. GROUP, LLC.

FILED  
Mar 12, 2009  
Secretary of State

## Current Principal Place of Business:

7001 W 35TH AVE  
#261  
HIALEAH GARDENS, FL 33018

## Current Mailing Address:

7001 W 35TH AVE  
#261  
HIALEAH GARDENS, FL 33018

## New Principal Place of Business:

6941 SW 196TH AVE  
BAY 11  
PEMBROKE PINES, FL 33332

## New Mailing Address:

6941 SW 196TH AVE  
BAY 11  
PEMBROKE PINES, FL 33332

FEI Number: 26-2748498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SANTANA, SERGIO O  
7001 W 35TH AVE #261  
#261  
HIALEAH GARDENS, FL 33018 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 ( ) Delete  
Name: SANTANA, SERGIO O  
Address: 7001 W 35TH AVE #261  
City-St-Zip: HIALEAH GARDENS, FL 33018 FL

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

## ADDITIONS/CHANGES:

Title: PST (X) Change ( ) Addition  
Name: SANTANA, SERGIO O  
Address: 7001 W 35TH AVE #261  
City-St-Zip: HIALEAH GARDENS, FL 33018 FL

Title: MGR ( ) Change (X) Addition  
Name: BURDIER, YAMELYS  
Address: 13080 SW 52ND ST  
City-St-Zip: MIRAMAR, FL 33027

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: SERGIO SAMTANA

PST

03/12/2009

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