

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000079430

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** SORREL LLC

**Current Principal Place of Business:**

11419 CHALLENGER AVE  
ODESSA, FL 33556 US

**New Principal Place of Business:**

1010 4TH ST. SOUTH  
SAFETY HARBOR, FL 34695 US

**Current Mailing Address:**

11419 CHALLENGER AVE  
ODESSA, FL 33556 US

**New Mailing Address:**

P.O. BOX 1191  
TARPON SPRINGS, FL 34688

**FEI Number:** 26-3315045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUIZ, MARCOS A  
11419 CHALLENGER AVE  
ODESSA, FL 33556 US

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

RUIZ, MARCOS A  
1010 4TH ST. SOUTH  
SAFETY HARBOR, FL 34695 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: \_\_\_\_\_

04/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RUIZ, MARCOS A  
Address: 1010 4TH ST. SOUTH  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGRM  
Name: KONOWAL, IRENE  
Address: 1010 4TH ST, SOUTH  
City-St-Zip: SAFETY HARBOR, FL 34695 US

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: IRENE KONOWAL

MGRM

04/21/2010

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