


**2006, FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

| | |
|--|---|
| DOCUMENT # L69785 1. Entity Name S.L.C. OF SORRENTO, INC. |  |
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|---|---|
| Principal Place of Business 336 MONET DRIVE NOKOMIS, FL 34275 | Mailing Address 336 MONET DRIVE NOKOMIS, FL 34275 |
|---|---|



04282006 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0194941 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent DJORDJEOVICH, NAJDENKA 336 MONET DRIVE NOKOMIS, FL 34275 |
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVPT DJORDJEOVICH, NAJDENKA 336 MONET DR NOKOMIS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SOVACKI, NAJDENKA D 336 MONET DR NOKOMIS, FL 34275 |
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U00000557094
05/17/06-80036-019 8.75

U00000557094
05/17/06-80036-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nikolko Djordjevic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06

Date Daytime Phone #