

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90039 042 ****50.00

DOCUMENT # L98000003085

1. Entity Name
SOMCO HOLDINGS, L.L.C.



Principal Place of Business
**201 S. BISCAYNE BLVD
STE 2000
MIAMI, FL 33131**

Mailing Address
**201 S. BISCAYNE BLVD
STE 2000
MIAMI, FL 33131**

20019859



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

65-0889484

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AUERBACH, MARC H ESQ.
201 SOUTH BISCAYNE BLVD., #2000
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE: MGR ☐ Delete
NAME: CAMPBELL, D. MICHAEL
STREET ADDRESS: ~~141 E. CENTRAL AVE SUITE 420~~
CITY-ST-ZIP: WINTER HAVEN, FL 33880

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 523 E. Central Ave.
CITY-ST-ZIP:

TITLE: MGR ☐ Delete
NAME: CAMPBELL, HEIDI
STREET ADDRESS: ~~141 E. CENTRAL AVE SUITE~~
CITY-ST-ZIP: WINTER HAVEN, FL 33880

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 523 E. Central Ave.
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

D. Michael Campbell

2.16.05

863.292.9929