2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000003085

1. Entity Name

SOMCO HOLDINGS, L.L.C.



FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

523 EAST CENTRAL AVENUE WINTER HAVEN, FL 33880 Mailing Address

523 EAST CENTRAL AVENUE WINTER HAVEN, FL 33880

E IIS



DO NOT WRITE IN THIS SPACE

04092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0889484 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, D. MICHAEL P.A. 523 EAST CENTRAL AVENUE WINTER HAVEN, FL 33880

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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 \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CAMPBELL, HEIDI
STREET ADDRESS	523 EAST CENTRAL AVENUE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby	pertify that the information supplied with this filing does not qualify for the ex-

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11. 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 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 receiver 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, OR AUTHORIZED REPRESENTATIVE

1111108

862.292.9929

Daytime Phone