

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000001883

1. Entity Name  
SOROLAND, L.L.C.



Principal Place of Business

3230 WEST FAIR OAKS AVENUE  
TAMPA, FL 33611

Mailing Address

3230 WEST FAIR OAKS AVENUE  
TAMPA, FL 33611

**DO NOT WRITE IN THIS SPACE**



04152004No Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3569582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOROLIS, MARIA  
3230 WEST FAIR OAKS AVENUE  
TAMPA, FL 33611

**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 of Registered Agent (Printed Name)

Signature of Registered Agent (Printed Name)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS; MANAGERS

TITLE: MGR  
NAME: ENGLAND, GARY W  
STREET ADDRESS: 3230 WEST FAIR OAKS AVENUE  
CITY, ST, ZIP: TAMPA, FL 33611

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000000127546  
04/26/04-80002-015 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

04.19.04

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

DATE

Day Month Year