

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90110 021 \*\*\*\*50.00

**DOCUMENT # L99000004069**

1. Entity Name

**SOC CAPITAL AMERICA, L.L.C.**



Principal Place of Business

**2532 OKEECHOBEE BOULEVARD  
WEST PALM BEACH FL 33404**

Mailing Address

**2532 OKEECHOBEE BOULEVARD  
WEST PALM BEACH FL 33404**

**20015080**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0932153**

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

**FARACH, MANUEL  
1645 PALM BEACH LAKES BOULEVARD, STE 1200  
WEST PALM BEACH FL 33401**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **JEAN-PHILIPPE, ASSUIED**  
STREET ADDRESS **10365 SAIL PLACE**  
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **JEAN-PHILIPPE ASSUIED**  
STREET ADDRESS **459 OREGON LN.**  
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **MGR** ☐ Delete  
NAME **SUMNER, SHARON**  
STREET ADDRESS **115 W. PALM AVENUE**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)