

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90080 010 ****50.00

DOCUMENT # L99000008594

1. Entity Name

HURON-SOPHIA, L.L.C.



Principal Place of Business

3733 WEST UNIVERSITY BLVD., SUITE 115
JACKSONVILLE FL 32217

Mailing Address

3733 WEST UNIVERSITY BLVD., SUITE 115
JACKSONVILLE FL 32217

2. Principal Place of Business

3733 W. UNIVERSITY BLVD.
SUITE, Apt. #, etc. 115A

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

Zip 32217

Country DUVAL

Zip

Country

4. FEI Number

59-3612438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N
5150 BELFORT ROAD
BUILDING 100
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

JORDAN ANSBACHER #115A

Street Address (P.O. Box Numbers Not Acceptable)

3733 W. UNIVERSITY BLVD.

#115A

City

JACKSONVILLE FL

Zip Code

32217

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ANSBACHER, JORDAN
STREET ADDRESS 3733 WEST UNIVERSITY BLVD., SUITE 115-A
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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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 exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

#1/24/06 733-1202
Date Daytime Phone #