

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000008594

1. Entity Name
HURON-SOPHIA, L.L.C.



Principal Place of Business

**3733 WEST UNIVERSITY BLVD., SUITE 115-A
JACKSONVILLE, FL 32217**

Mailing Address

**3733 WEST UNIVERSITY BLVD., SUITE 115-A
JACKSONVILLE, FL 32217**



02182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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
3733 W. UNIVERSITY BLVD.
115 A
JACKSONVILLE, FL 32217**

**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, 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**

U00000834621
02/28/08-80059-021 138.75

9. MANAGING MEMBERS/MANAGERS

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

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CITY-ST-ZIP	

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IN THIS SPACE**

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

2/19/08 (904) 733-1208
Date Daytime Phone #