

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069394

Entity Name: SOJ ENTERPRISES, LLC**Current Principal Place of Business:**2017 TAHLEQUAH LN
MOORESBURG, TN 37811**Current Mailing Address:**2017 TAHLEQUAH LN
MOORESBURG, TN 37811 US**FEI Number:** 83-0438507**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEINBECK, STEVEN
590 LAKE KATHRYN CIRCLE
CASSELBERRY, FL 32707 US*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.***SIGNATURE:** STEVEN STEINBECK

03/05/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|---------------------|
| Title | MGRM |
| Name | ORTHMANN, MARY |
| Address | 2017 TAHLEQUAH LN |
| City-State-Zip: | MOORESBURG TN 37811 |

| | |
|-----------------|---------------------|
| Title | MGRM |
| Name | ORTHMANN, BRAD |
| Address | 2017 TAHLEQUAH LN |
| City-State-Zip: | MOORESBURG TN 32707 |

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|-----------------|-------------------------|
| Title | MGRM |
| Name | STEINBECK, STEVEN |
| Address | 590 LAKE KATHRYN CIRCLE |
| City-State-Zip: | CASSELBERRY FL 32707 |

| | |
|-----------------|-------------------------|
| Title | MGRM |
| Name | JACOBS, MARGIE |
| Address | 590 LAKE KATHRYN CIRCLE |
| City-State-Zip: | CASSELBERRY FL 32707 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRAD ORTHMANN

MGRM

03/05/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date