

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069394

Entity Name: SOJ ENTERPRISES, LLC**Current Principal Place of Business:**559 NORTHPORT DR
LONGWOOD, FL 32750**Current Mailing Address:**559 NORTHPORT DR
LONGWOOD, FL 32750 US**FEI Number:** 83-0438507**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ORTHMANN, BRAD
559 NORTHPORT DR
LONGWOOD, FL 32750 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name ORTHMANN, MARY
Address 559 NORTHPORT DR
City-State-Zip: LONGWOOD FL 32750

Title MGRM
Name ORTHMANN, BRAD
Address 559 NORTHPORT DR
City-State-Zip: LONGWOOD FL 32750

Title MGRM
Name STEINBECK, STEVEN
Address 1772 CINNAMON CIRCLE
City-State-Zip: CASSELBERRY FL 32707

Title MGRM
Name JACOBS, MARGIE
Address 559 NORTHPORT DR
City-State-Zip: LONGWOOD FL 32750

Title MGRM
Name JACOBS, FLOYD
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRAD ORTHMANN

MGRM

03/18/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date