

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000087854

**Entity Name:** SOFGRE LLC

**Current Principal Place of Business:**

2950 GLADES CIRCLE  
UNIT 6  
WESTON, FL 33327

**Current Mailing Address:**

2950 GLADES CIRCLE  
UNIT 6  
WESTON, FL 33327

**FEI Number:** 80-2365861

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POSCA CHAAR, PAOLA  
2950 GLADES CIRCLE  
UNIT 6  
WESTON, FL 33327 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            AMBR  
Name            POSCA CHAAR, PAOLA  
Address        2950 GLADES CIRCLE UNIT 6  
City-State-Zip: WESTON FL 33327

Title            AMBR  
Name            PANIAGUA, ENRIQUE  
Address        2950 GLADES CIRCLE UNIT 6  
City-State-Zip: WESTON FL 33327

*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:** PAOLA POSCA CHAAR

AMGR

04/11/2025

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date