


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000034707**

1. Entity Name  
**MERLUZA LLC**



Principal Place of Business      Mailing Address

**940 SORRENTO DR.  
WESTON, FL 33326**      **940 SORRENTO DR.  
WESTON, FL 33326**

**DO NOT WRITE IN THIS SPACE**



01042006No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-1168783</b>	Applied For Not Applicable
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5. Certificate of Status Desired        **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**RAMIREZ, LISSETTE  
940 SORRENTO DR.  
WESTON, FL 33326**

**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 except the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

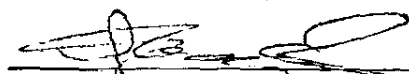
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>RAMIREZ, LISSETTE 940 SORRENTO DR. WESTON, FL 33326</b>
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100000482883  
04/11/06-80072-011 50.00

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:**       **3-17-06 (786)2860295**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #