

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000125193

**Entity Name:** L.U.P., LLC

**Current Principal Place of Business:**

11250 MAHOGANY RUN  
FORT MYERS, FL 33913

**Current Mailing Address:**

11250 MAHOGANY RUN  
FORT MYERS, FL 33913

**FEI Number:** 47-1555748

**Certificate of Status Desired:** No

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

CECIL, W. JEFFREY ESQ  
PORTER, WRIGHT, MORRIS & ARTHUR, LLP  
9132 STRADA PL, 3RD FLOOR  
NAPLES, FL 34108 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           MANAGING MEMBER  
Name           PALMON, LILLIAN URSO  
Address       11250 MAHOGANY RUN  
City-State-Zip: FORT MYERS FL 33913

*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:** LILLIAN PALMON

**MANAGING MEMBER**

**04/03/2015**

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

\_\_\_\_\_  
Date