

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000014044

1. Entity Name
LUENCA, LLC



Principal Place of Business
3508 TAMiami TRAIL
PORT CHARLOTTE, FL 33952

Mailing Address
3508 TAMiami TRAIL
PORT CHARLOTTE, FL 33952



02132007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1131686

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASANOVA, LUIS A
3508 TAMiami TRAIL
PORT CHARLOTTE, FL 33952

**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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CASANOVA, LUIS A
119 SINCLAIR STREET, SW
PORT CHARLOTTE, FL 33952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CASANOVA, ENA C
119 SINCLAIR STREET, SW
PORT CHARLOTTE, FL 33952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000743418
05/15/07-80109-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Luis A. CASANOVA

4-27-07

841
883-3313