

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014044

**FILED**  
**Apr 09, 2008**  
**Secretary of State**

**Entity Name:** LUENCA, LLC

**Current Principal Place of Business:**

3508 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

3508 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

C/O DAVID A. HOLMES  
99 NESBIT STREET  
PUNTA GORDA, FL 33950

FEI Number: 65-1131686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASANOVA, LUIS A  
3508 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952 US

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

HOLMES, DAVID A  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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: DAVID A. HOLMES

04/09/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CASANOVA, LUIS A  
Address: 119 SINCLAIR STREET, SW  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM ( ) Delete  
Name: CASANOVA, ENA C  
Address: 119 SINCLAIR STREET, SW  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: DAVID A. HOLMES

MGR

04/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date