

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90081 024 ****50.00

DOCUMENT # L02000008822

1. Entity Name
LORSON, LLC



Principal Place of Business

**1820 N. CORPORATE LAKES BLVD., SUITE 203
WESTON, FL 33326**

Mailing Address

**1820 N. CORPORATE LAKES BLVD., SUITE 203
WESTON, FL 33326**



04252005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3063475

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LORENZO, JOSE E MR
1820 N. CORPORATE LAKES BLVD., SUITE 203
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 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, 2005**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
L & L CONSULTANTS & INVESTMENT, CORP.
833 REGAL COVE RD
WESTON, FL 33327**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ACECON CONSTRUCTION, CORP.
1820 N. CORPORATE LAKES BLVD., SUITE 203
WESTON, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

04/22/2005

Date

954/217 8616

Daytime Phone #