

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008904

FILED
Apr 11, 2009
Secretary of State

Entity Name: LUCENKO CONSULTING ASSOCIATES, LLC

Current Principal Place of Business:

26140 HICKORY BLVD, #601
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

PO BOX 2625
BONITA SPRINGS, FL 34134

New Mailing Address:

PO BOX 2625
BONITA SPRINGS, FL 34133

FEI Number: 22-3311587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCENKO, LARISSA
26140 HICKORY BLVD, #601
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LUCENKO, LEONARD K
Address: PO BOX 2625
City-St-Zip: BONITA SPRINGS, FL 34133

Title: MGRM () Delete
Name: LUCENKO, JR., LEONARD K
Address: 3012 POWDER RIDGE ST. SE
City-St-Zip: OLYMPIA, WA 98501

Title: MGRM () Delete
Name: LUCENKO, KRISTINA
Address: 15 HONEY LANE
City-St-Zip: MILLER PLACE, NY 11764

Title: MGRM () Delete
Name: LUCENKO, LARISSA PRES
Address: PO BOX 2625
City-St-Zip: BONITA SPRINGS, FL 34133

ADDITIONS/CHANGES:

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

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

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: LEONARD K. LUCENKO

MGRM

04/11/2009

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