

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000008904

**FILED**  
**Mar 14, 2011**  
**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 34133

**New Mailing Address:**

**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  
**Name:** LUCENKO, LEONARD K  
**Address:** PO BOX 2625  
**City-St-Zip:** BONITA SPRINGS, FL 34133

**Title:** MGRM  
**Name:** LUCENKO, JR., LEONARD K  
**Address:** 2504 CEDAR LOOP SE  
**City-St-Zip:** OLYMPIA, WA 98501

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

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

I hereby 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, SR

MGRM

03/14/2011

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