

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027510

Entity Name: LUVI MANAGEMENT L.C.

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

2933 SW 1ST AVE  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7188  
PORT SAINT LUCIE, FL 34985

**New Mailing Address:**

FEI Number: 06-1661305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SANCHEZ, NILDA  
1226 SW AIROSO BLVD  
PORT SAINT LUCIE, FL 34983 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: PTD ( ) Delete  
Name: CASTANO, BEATRIZ H  
Address: PO BOX 7188  
City-St-Zip: PORT SAINT LUCIE, FL 34985

Title: S ( ) Delete  
Name: CASTANO, ADRIANA  
Address: PO BOX 7188  
City-St-Zip: PORT SAINT LUCIE, FL 34985

**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: NILDA SANCHEZ

MGR

04/27/2009

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