

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029724

Entity Name: LUV-IT HOMES, LLC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

6526 SOUTH KANNER HIGHWAY
SUITE 323
STUART, FL 34997

New Principal Place of Business:

6526 SOUTH KANNER HIGHWAY
SUITE 147
STUART, FL 34997

Current Mailing Address:

6526 SOUTH KANNER HIGHWAY
SUITE 323
STUART, FL 34997

New Mailing Address:

6526 SOUTH KANNER HIGHWAY
SUITE 147
STUART, FL 34997

FEI Number: 61-1441633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARENA, FRANK
6526 SOUTH KANNER HIGHWAY
#323
STUART, FL 34997 US

Name and Address of New Registered Agent:

ARENA, FRANK
6526 SOUTH KANNER HIGHWAY
#147
STUART, FL 34997 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: FRANK ARENA

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARENA, FRANK
Address: 6526 SOUTH KANNER HIGHWAY #323
City-St-Zip: STUART, FL 34997

Title: MGR (X) Delete
Name: MARINA, ANGELONE
Address: 6526 SOUTH KANNER HIGHWAY #323
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARENA, FRANK
Address: 6526 SOUTH KANNER HIGHWAY #147
City-St-Zip: STUART, FL 34997

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: FRANK ARENA

MGRM

04/30/2009

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