

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

05-02-2005 90081 023 ****50.00

DOCUMENT # L03000014915

1. Entity Name

LORSON TWO, LLC



Principal Place of Business

1820 N. CORPORATE LAKES BLVD.
SUITE 202 206
WESTON, FL 33326

Mailing Address

1820 N. CORPORATE LAKES BLVD.
SUITE 202 206
WESTON, FL 33326



04252005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

14-1846933

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.
833 REGAL COVE RD.
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	MGRM
NAME	L & L CONSULTANTS & INVESTMENTS, CORP.
STREET ADDRESS	833 REGAL COVE RD.
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGRM
NAME	ACECON CONSTRUCTION, CORP.
STREET ADDRESS	1820 N. CORPORATE LAKES BLVD. # 202
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGRM
NAME	AGUACLARA ENTERPRISES, CORP.
STREET ADDRESS	2899 COLLINS AVE. PH-L
CITY-ST-ZIP	MIAMI BEACH, FL 33326
TITLE	MGRM
NAME	MARCOS, LLOREDA MR.
STREET ADDRESS	AV.VENEZUELA, EDF.CENTURIA, OF.9A,EL ROSAL
CITY-ST-ZIP	CARACAS, DF 1060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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

Date

Daytime Phone #

04/22/2005

954 217 8616