


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90128 009 ***138.75

| | |
|---|---|
| DOCUMENT # L03000017914 1. Entity Name LUNA, LLC |  |
|---|---|

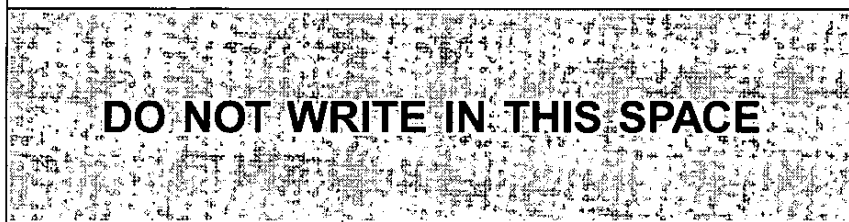
| | |
|---|---|
| Principal Place of Business 4740 126TH AVE NORTH CLEARWATER, FL 33762 | Mailing Address 4740 126TH AVE NORTH CLEARWATER, FL 33762 |
|---|---|

60027442



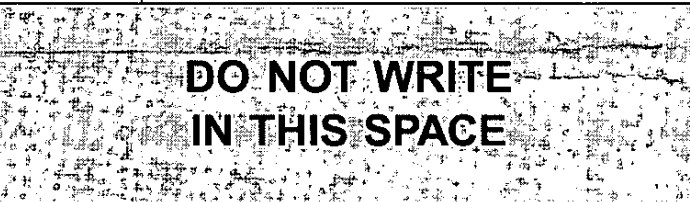
04192008No Chg-LLC

CR2E083 (12/07)



| | |
|---|--|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| |
|--|
| 6. Name and Address of Current Registered Agent GINOCCHIO, MARK C/O ED WALLACE;2525 PASADENA AVE.S.,STE.M ST. PETERSBURG, FL 33707-4512 |
|--|

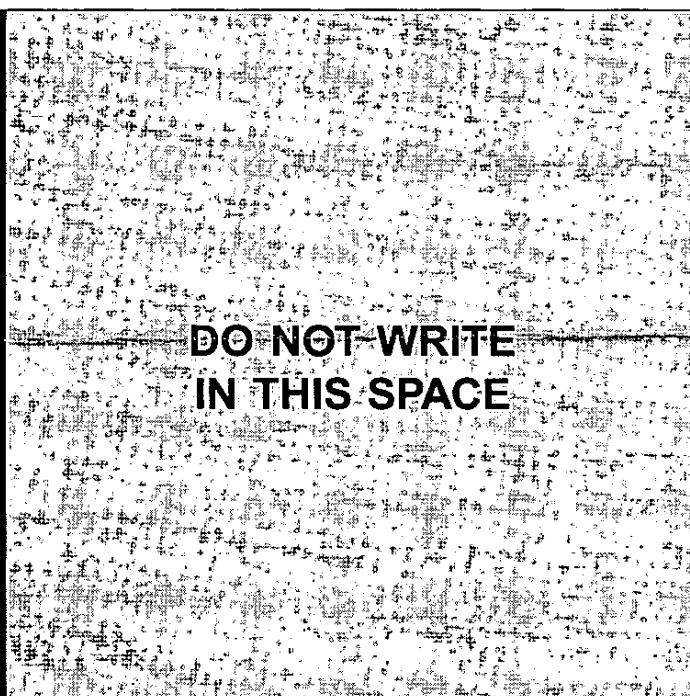


8. The above-named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GINOCCHIO, MARK H 4940 126TH AVE CLEARWATER, FL 33762 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |



11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mark **4/14/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #