


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000020756**  
 1. Entity Name  
**JUAN & LUCIA I, LLC**



Principal Place of Business 5370 W. 11TH AVE HIALEAH, FL 33012-2447	Mailing Address 5370 W. 11TH AVE HIALEAH, FL 33012-2447
---	---

**DO NOT WRITE IN THIS SPACE**



04022008 No Chg-LLC      CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent

LLERENA, JUAN CARLOS  
 5370 W. 11TH AVE  
 HIALEAH, FL 33012-2447

**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 \_\_\_\_\_ 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	MGR LLERENA, JUAN 5370 W. 11TH AVE HIALEAH, FL 330122447
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LLERENA, LUCIA 5370 W. 11TH AVE HIALEAH, FL 330122447
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000000-1876  
 05/01/08-80030-016 143.75

**DO NOT WRITE IN THIS SPACE**

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        4-8-2008      786-443-8031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Day(even) Phone #

JUAN LLERENA      LUCIA LLERENA