

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90115 022 ****50.00

DOCUMENT # L03000024792	
1. Entity Name LUNICAR, LLC	

Principal Place of Business 3598 YACHT CLUB DR. #1401 AVENTURA, FL 33180 US	Mailing Address 6262 BIRD RD. #2C MIAMI, FL 33155 US
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2. Principal Place of Business	3. Mailing Address 3598 Yacht Club Dr. #1401
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State Aventura, FL 33180
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Zip	Country	Zip	Country
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07272004 Chg-LLC CR2E083 (10/03)

4. FEI Number	☒ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
FERREIRA, CARMEN C ESQ. 6262 BIRD RD. #2C MIAMI, FL 33155	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICOLLELA, LUIS 3598 YACHT CLUB DR. #1401 AVENTURA, FL 33180 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICOLLELA, MARGARITA 3598 YACHT CLUB DR. #1401 AVENTURA, FL 33180 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MMGR Luis Nicolella 3598 Yacht Club Dr. #1401 Aventura, FL 33180 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MMGR Margarita Nicolella 3598 Yacht Club Dr. #1401 Aventura, FL 33180 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: <u>Luis Nicolella, Member Manager</u>	7-27-04	305-299-8173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #