

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90069 013 ****50.00

DOCUMENT # L03000050461

1. Entity Name
LCP ENTERPRISE, LLC



Principal Place of Business
10601 NORTHWEST 105 WAY
SUITE 656
MEDLEY, FL 33178 US

Mailing Address
10601 NORTHWEST 105 WAY
SUITE 656
MEDLEY, FL 33178 US

20002968



01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2119347

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, ANGEL F
10601 NORTHWEST 105 WAY
SUITE 656
MIAMI, FL 33178

**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 changing office)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PEREZ, ANGEL F
10601 NORTHWEST 105 WAY SUITE 656
MEDLEY, FL 33178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PEREZ, LILIANA C
10601 NORTHWEST 105 WAY SUITE 656
MEDLEY, FL 33178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

LILIANA C. PEREZ

ANGEL F. PEREZ SR.

01/15/2006 (305)248-3177
Date Daytime Phone #