

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L0300052978

1. Entity Name

LUCIANO GUERRA, LLC



FILED

2004 DEC -1 PM 2:15

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

9167 STILLBRIDGE LANE
PENSACOLA FL 32514

Mailing Address

9167 STILLBRIDGE LANE
PENSACOLA FL 32514

2. Principal Place of Business

9167 STILLBRIDGE LN.

Suite, Apt. #, etc.

3. Mailing Address

9167 STILLBRIDGE LN.

Suite, Apt. #, etc.



MOORE

CR2E083 (4/04)

City & State

PENSACOLA FLO.

Zip
32514

Country
USA

City & State

PENSACOLA FLO.

Zip
32514

Country
USA

4. FEI Number

731688465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUERRA, BETH A
9167 STILLBRIDGE LANE
PENSACOLA FL 32514

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

Beth Ann Guerra
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-10-04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete
*Lead Manager
NATHAN HUNT
9167 STILLBRIDGE LN
PENSACOLA, FLO. 32514*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete
*EQUIP SPECIALIST
CURTIS CARDEWELL*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete
*ENGINEERING DIRECT.
JASON MARSA*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete
*MAINTENANCE
DANIEL ARBAJE*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
*100042292241
10/28/04--01067--006 **\$50.00*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
*100042292241
12/01/04--01040--001 **\$150.00*

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

REINSTATEMENT

04

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:

Luciano Guerra

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

10/4/04

850 484-9198