

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP 23 AM 9:06

DOCUMENT # L03000052978

1. Entity Name

LUCIANO GUERRA, LLC



Principal Place of Business

9167 STILLBRIDGE LANE  
PENSACOLA FL 32514

Mailing Address

9167 STILLBRIDGE LANE  
PENSACOLA FL 32514



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (5/05)

4. FEI Number

73-1688465

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUERRA, BETH A  
9167 STILLBRIDGE LANE  
PENSACOLA FL 32514

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

*Luciano Guerra*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By September 7, 2005

REINSTATEMENT 2005

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME HUNT, NATHAN  
STREET ADDRESS 9167 STILLBRIDGE LANE  
CITY-ST-ZIP PENSACOLA FL 32514

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CITY-ST-ZIP

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

Date

Daytime Phone #