2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 23, 2004 8:00 am Secretary of State _____**L0300053681** 04-23-2004 90017 047 ****55.00 LUGÓ REMODELING & REPAIRS, LLC Principal Place of Business Mailing Address 2950 JUPITER BLVD SE 2950 JUPITER BLVD SE 24052154 PALM BAY, FL 32909 PALM BAY, FL 32909 2. Principal Place of Business 3. Mailing Address 00000000000000000 Suite, Apt. #, etc. Suite, Apt. #, etc. 04202004 0.000000 Applied For City & State City & State 4. FEI Number 59-2793/22 Not Applicable Zip Country Country \$5.00 00000000 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUGO, RONALD J Street Address (P.O. Box Number is Not Acceptable) 2950 JUPITER BLVD SE PALM BAY, FL 32909 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE Defete TITLE Change ☐ Addition LUGO, RONALD J NAME NAME STREET ADDRESS 2950 JUPITER BLVD SE STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32909 CITY-ST-ZIP **MGRM** Delete TITLE ☐ Change ☐ Addition TITLE LUGO, DEBORAH L NAME NAME STREET ADDRESS 2950 JUPITER BLVD SE STREET ADDRESS CITY-ST-7IP PALM BAY, FL 32909 CITY-ST-ZIP Addition TITLE Delete THE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

4/20/04 321-676-124

Daytime Phone #