

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000053681

1. Entity Name
LUGO REMODELING & REPAIRS, LLC



Principal Place of Business
**2950 JUPITER BLVD SE
PALM BAY, FL 32909 US**

Mailing Address
**2950 JUPITER BLVD SE
PALM BAY, FL 32909 US**



01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2793122

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LUGO, RONALD J
2950 JUPITER BLVD SE
PALM BAY, FL 32909**

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LUGO, RONALD J
2950 JUPITER BLVD SE
PALM BAY, FL 32909**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LUGO, DEBORAH L
2950 JUPITER BLVD SE
PALM BAY, FL 32909**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000261737
03/14/05-80024-009 55.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Ronald J Lugo

3/8/05

321-676-1247

Date

Daytime Phone #