## 2006 LIMITED LIABILITY COMPANY

## Apr 21, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #L04000024476** 04-21-2006 90018 008 \*\*\*\*50.00 1. Entity Name LORSON ONE, LLC 20034033 Principal Place of Business Mailing Address 1820 N CORPORATE LAKE BLVD. 1820 N CORPORATE LAKE BLVD SUITE 206 SUITE 206 WESTON, FL 33326 US WESTON, FL 33326 2. Principal Place of Business 3. Mailino Address Suite, Apt. #, etc. -Suite, Apt. #, etc. 04062006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For 65-1222585 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LORENZO, JOSE E MR Street Address (P.O. Box Number is Not Acceptable) 833 REGAL COVE RD. WESTON, FL 33327 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/ 04/06/2006 ed agent and title if applicable Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE ALECON CONSTRUCTION, CORPORATION 1820 N. CORPORATE LAKES BLVD. Soire 204 TH Change ☐ Addition ACECON CONSTRUCTION, CORPORATION NAME NAME STREET ADDRESS 1820 N. CORPORATE LAKE BLVD. SUITE 202 STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIP WISTON TITLE ☐ Delete TITI F ☐ Change ☐ Addition L & L CONSULTANTS & INVESTMENT, CORP. NAME NAME STREET ADDRESS 833 REGAL COVE RD. STREET ADDRESS WESTON, FL 33327 CITY-ST-ZIP CITY-ST-ZIP MGRM GREELAND RESOURTES, CORPORATION 11820 N URPORATE LAKE BLVD, SUITE 2010 TITLE TITLE GREENLAND RESOURCES, CORPORATION NAME NAME STREET ADDRESS 4462 DOGWOOD CIRCLE STREET ADDRESS WESTON, FL 33331 CITY-ST-ZIP CITY-ST-7IP WESTON, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

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Jose Enrigue Loronto SIGNATURE: JED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE