

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024476

FILED
Apr 30, 2009
Secretary of State

Entity Name: LORSON ONE, LLC

Current Principal Place of Business:

1820 N CORPORATE LAKE BLVD.
SUITE 206
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

1820 N CORPORATE LAKE BLVD.
SUITE 206
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 65-1222585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORENZO, JOSE E MR
833 REGAL COVE RD.
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ACECON CONSTRUCTION, CORPORATION
Address: 1820 NORTH CORPORATE LAKE BLVD SUITE 206
City-St-Zip: WESTON, FL 33326 US

Title: MGRM () Delete
Name: L & L CONSULTANTS & INVESTMENT, CORP.
Address: 833 REGAL COVE RD.
City-St-Zip: WESTON, FL 33327 US

Title: MGRM () Delete
Name: RINCON, ERICK
Address: 1820 NORTH CORPORATE LAKE BLVD SUITE 206
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSE E. LORENZO

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date