

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059254

FILED  
May 01, 2011  
Secretary of State

Entity Name: LUMAREN, LLC

**Current Principal Place of Business:**

5292 NW 76TH CT  
OCALA, FL 34482

**New Principal Place of Business:**

**Current Mailing Address:**

5292 NW 76TH CT  
OCALA, FL 34482

**New Mailing Address:**

FEI Number: 20-1469888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWANSON, VIVIEN L  
2522 SW 27TH AVE  
OCALA, FL 34474 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: MRG  
Name: LUIS E LOPEZ AS TRUSTEE OF THE LUIS E LOPE  
Address: 5292 NW, 76 CT.  
City-St-Zip: OCALA, FL 34482

Title: MGR  
Name: MARIA C SOLTURA DE LOPEZ AS TRUSTEE OF THE  
Address: 5292 NW, 76CT.  
City-St-Zip: OCALA, FL 33178

Title: MGR  
Name: BEHRENS, ENRIQUE E  
Address: PO BOX 41371  
City-St-Zip: ST. PETERSBURG, FL 33743

Title: MGR  
Name: BEHRENS, MARY  
Address: 5292 NW 76TH CT  
City-St-Zip: OCALA, FL 34482

I hereby 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: MARIA BEHRENS

MGR

05/01/2011

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