

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90147 009 ****50.00

DOCUMENT # L04000061584

1. Entity Name
MISS LUPE, LLC



Principal Place of Business
**332 WATERFRONT AVENUE
MERRITT ISLAND, FL 32952 US**

Mailing Address
**332 WATERFRONT AVENUE
MERRITT ISLAND, FL 32952 US**



01142006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1516897

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, JOSE L
332 WATERFRONT AVENUE
MERRITT ISLAND, FL 32952**

**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: *Jose L. Garcia*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/05/06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GARCIA, JOSE L.
STREET ADDRESS	332 WATERFRONT AVENUE
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	MGRM
NAME	GARCIA, JOSE L. <i>OWNER</i>
STREET ADDRESS	332 WATERFRONT AVE.
CITY-ST-ZIP	MERRITT IS. FL 32952
TITLE	MGRM
NAME	GARCIA, JOSE L. <i>OWNER</i>
STREET ADDRESS	332 WATERFRONT AVE.
CITY-ST-ZIP	MERRITT IS. FL 32952
TITLE	MGRM
NAME	GARCIA, JOSE L. <i>OWNER</i>
STREET ADDRESS	332 WATERFRONT AVE.
CITY-ST-ZIP	MERRITT IS. FL 32952
TITLE	MGRM
NAME	GARCIA, JOSE L. <i>OWNER</i>
STREET ADDRESS	332 WATERFRONT AVE.
CITY-ST-ZIP	MERRITT IS. FL 32952

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Jose L. Garcia*

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

02/05/06 321-243-0171

Date

Daytime Phone #