

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063591

Entity Name: LUIS COMMISSO, LLC

FILED  
May 12, 2006  
Secretary of State

**Current Principal Place of Business:**

11493 LAKE CYPRESS LOOP  
FORT MYERS, FL 339137824

**New Principal Place of Business:**

**Current Mailing Address:**

11493 LAKE CYPRESS LOOP  
FORT MYERS, FL 339137824

**New Mailing Address:**

FEI Number: 34-2013032      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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: MGRC ( ) Delete  
Name: HEVALLIER-BOUTELL, ALFREDO  
Address: 11493 LAKE CYPRESS LOOP  
City-St-Zip: FORT MYERS, FL 339137824

Title: MGR ( ) Delete  
Name: COMMISSO, LUIS A  
Address: 11493 LAKE CYPRESS LOOP  
City-St-Zip: FORT MYERS, FL 339137824

Title: ST ( ) Delete  
Name: COMMISSO, LUIS A  
Address: 11493 LAKE CYPRESS LOOP  
City-St-Zip: FORT MYERS, FL 339137824

**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 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: LUIS ALBERTO COMMISSO

MEMB

05/12/2006

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