

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068501

Entity Name: LUZPRA, LLC

FILED  
Apr 01, 2009  
Secretary of State

**Current Principal Place of Business:**

9974 NOBHILL LANE  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
STE 240  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 20-1649072

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PRATS FERNANDEZ & CO PA  
2121 PONCE DE LEON BLVD  
STE 240  
CORAL GABLES, FL 33134 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: MGR ( ) Delete  
Name: VELASQUEZ, JUAN S  
Address: 9974 NOBHILL LANE  
City-St-Zip: SUNRISE, FL 33351 US

Title: MGR ( ) Delete  
Name: PEREZ RAMIREZ, LUZ I  
Address: 9974 NOBHILL LANE  
City-St-Zip: SUNRISE, FL 33351 US

Title: MGR ( ) Delete  
Name: ANTIA PEREZ, HAROLD A  
Address: 9974 NOB HILL LANE  
City-St-Zip: SUNRISE, FL 33351 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: JUAN S VELASQUEZ

MGR

04/01/2009

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