

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035274

Entity Name: LUIS VENEGAS, LLC

FILED  
Aug 29, 2006  
Secretary of State

**Current Principal Place of Business:**

5043 28TH PL SW  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

5043 28TH PL SW  
NAPLES, FL 34116

**New Mailing Address:**

FEI Number: 20-3169633      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:**

VENEGAS, LUIS  
5043 28TH PL SW  
NAPLES, FL 34116      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: VENEGAS, LUIS  
Address: 5043 28TH PL SW  
City-St-Zip: NAPLES, FL 34116  
  
Title: MGRM      ( ) Delete  
Name: VENEGAS, ROBERTO M  
Address: 20602 W. SILVER PALM DRIVE  
City-St-Zip: ESTERO, FL 33928

**ADDITIONS/CHANGES:**

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 VENEGAS

MGMR

08/29/2006

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