

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 26, 2006 8:00 am
Secretary of State

03-23-2006 90269 042 ****50.00

DOCUMENT # L05000062663

1. Entity Name
LOUPEN ENTERPRISES, LLC



Principal Place of Business
**8136 WASHINGTON ST.
PORT RICHEY, FL 34668**

Mailing Address
**8136 WASHINGTON ST.
PORT RICHEY, FL 34668**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number

81-8674376

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALEANO, KENNETH J
8136 WASHINGTON ST.
PORT RICHEY, FL 34668**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Kenneth J Galeano agent

(NOTE: Registered Agent signature required when reappointing)

DATE

1-10-06

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**Ken Galeano Mgr
8136 Washington St
Port Richey FL 34668**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE:

Kenneth J Galeano

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

1-10-06 727-815-1500

Date

Daytime Phone #