

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000065651

1. Entity Name
LUCIANO DUQUE & ASSOCIATES, LLC



FILED

08 JUL 17 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8485 NW 29TH STREET
DORAL, FL 33122 US

Mailing Address
8485 NW 29TH STREET
DORAL, FL 33122 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3113595

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

CABANAS & ASSOCIATES, P.A.
10520 NW 26TH STREET
SUITE C 201
DORAL, FL 33172

Name
COMPANY MANAGEMENT SERVICES, LLC
Street Address (P.O. Box Number is Not Acceptable)
8788 S.W. 8th Street

City Miami FL Zip Code 33174

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME DUQUE, LUCIANO ☒ Delete
STREET ADDRESS 8485 NW 29TH STREET
CITY-ST-ZIP DORAL, FL 33122

TITLE Mgr.
NAME Maria A. Jimenez ☐ Change ☒ Addition
STREET ADDRESS 8485 N.W. 29th Street
CITY-ST-ZIP Doral, Florida 33122

TITLE MGR
NAME DE DUQUE, ANGELA PARRA ☒ Delete
STREET ADDRESS 8485 NW 29TH STREET
CITY-ST-ZIP DORAL, FL 33122

TITLE
NAME 600133143436
STREET ADDRESS 07/18/08--01044--016 **50.00
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #