

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075127

Entity Name: DANIEL E. LUNA LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

14431 MAILER BLVD
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

14431 MAILER BLVD
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 20-3360364 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:

LUNA, DANIEL E
14431 MAILER BLVD
ORLANDO, FL 32828 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: MGRM () Delete
Name: LUNA, DANIEL E
Address: 14431 MAILER BLVD
City-St-Zip: ORLANDO, FL 32828

Title: MGR () Delete
Name: PARRILLA, SOCORRO
Address: 336 RADISSON PL
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: FIGUEROA, LIBNI M
Address: 14431 MAILER BLVD.
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LUNA, LIBNI M
Address: 14431 MAILER BLVD.
City-St-Zip: ORLANDO, FL 32828

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: DANIEL E LUNA

MGRM

05/01/2008

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