

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086560

Entity Name: LOPEZ & ASSOCIATES, LLC

FILED  
Apr 29, 2006  
Secretary of State

**Current Principal Place of Business:**

6406 MALLARDS LANE  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

6406 MALLARDS LANE  
COCONUT CREEK, FL 33073

**New Mailing Address:**

FEI Number: 16-1733275

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOPEZ, SHEILA L  
6406 MALLARDS LANE  
COCONUT CREEK, FL 33073 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: LOPEZ, LUIS F  
Address: 6406 MALLARDS LANE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM ( ) Delete  
Name: LOPEZ, SHEILA A  
Address: 6406 MALLARDS LANE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM (X) Delete  
Name: LAVIGNE, JOANNE  
Address: 4000 CYPRESS GROVE WAY, #508  
City-St-Zip: POMPANO BEACH, FL 33069

**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 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: SHEILA LOPEZ

MGRM

04/29/2006

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