

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096546

Entity Name: LUGO'S & SONS, L.C.

FILED
Jan 15, 2007
Secretary of State

Current Principal Place of Business:

1288 ORANGEVIEW LANE
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

1288 ORANGEVIEW LANE
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 59-3508400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KIMBERLING, MARIA
1288 ORANGEVIEW LANE
HOLIDAY, FL 34691 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: M () Delete
Name: KIMBERLING, MARIA
Address: 1288 ORANGEVIEW LANE
City-St-Zip: HOLIDAY, FL 34691

Title: M () Delete
Name: GOMEZ, LUIS
Address: 1288 ORANGEVIEW LANE
City-St-Zip: HOLIDAY, FL 34691

Title: M () Delete
Name: VARGAS DE GOMEZ, CARMEN I
Address: 1288 ORANGEVIEW LANE
City-St-Zip: HOLIDAY, FL 34691

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KIMBERLING, MARIA
Address: 1288 ORANGEVIEW LANE
City-St-Zip: HOLIDAY, FL 34691

Title: MGR (X) Change () Addition
Name: GOMEZ, LUIS
Address: 1288 ORANGEVIEW LANE
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM (X) Change () Addition
Name: VARGAS DE GOMEZ, CARMEN I
Address: 1288 ORANGEVIEW LANE
City-St-Zip: HOLIDAY, FL 34691

Title: M () Change (X) Addition
Name: N/A, N/A
Address: 1288 ORANGEVIEW LN
City-St-Zip: HOLIDAY, FL 34691

Title: M () Change (X) Addition
Name: N/A, N/A
Address: 1288 ORANGEVIEW LN
City-St-Zip: HOLIDAY, FL 34691

Title: M () Change (X) Addition
Name: N/A, N/A
Address: 1288 ORANGEVIEW LN
City-St-Zip: HOLIDAY, FL 34691

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: MARIA C. KIMBERLING

MGRM

01/15/2007

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