

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096546

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

FILED
Jan 23, 2008
Secretary of State

Current Principal Place of Business:

1288 ORANGEVIEW LANE
HOLIDAY, FL 34691

New Principal Place of Business:

1288 ORANGEVIEW LN
HOLIDAY, FL 34691

Current Mailing Address:

1288 ORANGEVIEW LANE
HOLIDAY, FL 34691

New Mailing Address:

P.O. BOX 551
LARGO, FL 33779

FEI Number: 59-3508400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIMBERLING, MARIA
1288 ORANGEVIEW LANE
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

KIMBERLING, MARIA
1288 ORANGEVIEW LN
HOLIDAY, FL 34691 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:

01/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KIMBERLING, MARIA
Address: P.O. BOX 551
City-St-Zip: LARGO, FL 33779

Title: MGR (X) Change () Addition
Name: GOMEZ, LUIS
Address: P.O. BOX 551
City-St-Zip: LARGO, FL 33779

Title: MGRM (X) Change () Addition
Name: VARGAS DE GOMEZ, CARMEN I
Address: P.O. BOX 551
City-St-Zip: LARGO, FL 33779

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 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

01/23/2008

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