

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096546

FILED  
Apr 10, 2010  
Secretary of State

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

**Current Principal Place of Business:**

6736 RASPBERRY DRIVE  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

6736 RASPBERRY DRIVE  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

P.O. BOX 1204  
NEW PORT RICHEY, FL 34656

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  
6736 RASPBERRY DR  
NEW PORT RICHEY, FL 34653 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  
Name: KIMBERLING, MARIA  
Address: 6736 RASPBERRY DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MGR  
Name: GOMEZ, LUIS  
Address: 6736 RASPBERRY DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MGRM  
Name: VARGAS DE GOMEZ, CARMEN I  
Address: 6736 RASPBERRY DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MGRM  
Name: N/A, N/A  
Address: 6736 RASPBERRY DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MGRM  
Name: N/A, N/A  
Address: 6736 RASPBERRY DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MGRM  
Name: N/A, N/A  
Address: 6736 RASPBERRY DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby 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

04/10/2010

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