

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096546

FILED  
Apr 02, 2012  
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:**

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

**New Mailing Address:**

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:**

KIMBERLING, SUMNER M  
6736 RASPBERRY DR  
NEW PORT RICHEY, FL 34653 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: SUMNER M. KIMBERLING

04/02/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGRM  
Name: KIMBERLING, SUMNER M  
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  
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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

MGR

04/02/2012

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