

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000097761

1. Entity Name
LALFONSO LLC



FILED
06 MAR -8 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
908 ABRAMS BLVD
#B
LEHIGH ACRES FL 33971
EU

Mailing Address
908 ABRAMS BLVD
#B
LEHIGH ACRES FL 33971
US

2. Principal Place of Business
905 ABRAMS BLVD
Suite, Apt. #, etc.
#B
City & State
Lehigh Acres FL
Zip
33971
Country

3. Mailing Address
905 ABRAMS BLVD
Suite, Apt. #, etc.
#B
City & State
Lehigh Acres FL
Zip
33971
Country

1st MOORE CR2E083 (10/05)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ALFONSO, LAZARO J SR
908 ABRAMS BLVD
#B
LEHIGH ACRES FL 33971

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
905 ABRAMS BLVD #B
City
Lehigh Acres FL Zip Code
33971

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reappointing)
Schedule of fees and related name of registered agent and fee is applicable. DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALFONSO, LAZARO J SR 908 ABRAMS BLVD #B LEHIGH ACRES FL 33971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALFONSO LAZARO J. SR. 905 ABRAMS BLVD #B LEHIGH ACRES, FL, 33971 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Exhibit Daytime Phone #