

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90307 016 \*\*\*\*50.00

DOCUMENT # L05000101832

1. Entity Name

LLORENS TRUST LLC



Principal Place of Business

Mailing Address

1928 S. OCEAN DRIVE #305  
HALLANDALE FL 33009

1928 S. OCEAN DRIVE #305  
HALLANDALE FL 33009

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1928 S. Ocean Drive

1928 S. Ocean Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#505

#505

City & State

City & State

Hallandale, FL

Hallandale, FL

Zip

Country

Zip

Country

33009

USA

33009

USA

6. Name and Address of Current Registered Agent

4. FEI Number

26-6703504

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

1st MOORE

CR2E083 (10/06)



7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

RUDOLPH, RONALD W  
9200 S. DADELAND BLVD., #308  
MIAMI FL 33156

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
MGR  
ALONSO, GLADYS  
1928 S. OCEAN DRIVE #305  
HALLANDALE FL 33009 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Gladys Alonso*

1/31/07

954-457-4871