

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000101832

1. Entity Name

LLORENS TRUST LLC



Principal Place of Business

1928 S. OCEAN DRIVE #505
HALLANDALE FL 33009

Mailing Address

1928 S. OCEAN DRIVE #505
HALLANDALE FL 33009



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 26-6703504

Applied For
Not Applicable

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

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 terminating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

Gladys Alonso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone