

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102846

FILED
Apr 25, 2009
Secretary of State

Entity Name: LUMINOSO PAINTING AND CLEANING LLC

Current Principal Place of Business:

202 GIBSON STREET
LADY LAKE, FL 32159

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 212
LADY LAKE, FL 32158

New Mailing Address:

FEI Number: 20-3649031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, CARMEN
202 GIBSON ST.
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

RODRIGUEZ, CARMEN M
202 GIBSON ST.
LADY LAKE, FL 32159 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: CARMEN M RODRIGUEZ

04/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RODRIGUEZ, CARLOS J
Address: 202 GIBSON STREET
City-St-Zip: LADY LAKE, FL 32159

Title: MGR () Delete
Name: RODRIGUEZ, CARMEN M
Address: 202 GIBSON STREET
City-St-Zip: LADY LAKE, FL 32159

Title: MGR () Delete
Name: RODRIGUEZ, MARGARITA
Address: 202 GIBSON STREET
City-St-Zip: LADY LAKE, FL 32159

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CARMEN M RODRIGUEZ

MGR

04/25/2009

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