

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90274 003 ****50.00

DOCUMENT # L05000105293

1. Entity Name
LUZU POZO, L.L.C.



Principal Place of Business
2030 S. PINE AVENUE
OCALA, FL 34474

Mailing Address
2030 S. PINE AVENUE
OCALA, FL 34474

60017498



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

1349 SE 18TH PLACE

3. Mailing Address

1349 SE 18TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162007 Chg-LLC CR2E083 (12/06)

City & State

OCALA, FLORIDA

City & State

OCALA, FLORIDA

4. FEI Number

20-4322854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Zip

Country

U.S.

Zip

Country

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUZURIAGA, WEBSTER
2030 S. PINE AVENUE
OCALA, FL 34474

Name

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

1349 SE 18TH PLACE

City

OCALA

FL

Zip Code

3447

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME LUZURIAGA, WEBSTER
STREET ADDRESS 2404 SE 27TH ST.
CITY-ST-ZIP OCALA, FL 34471

TITLE ☒ Change ☐ Addition
NAME 2404 SE 27th street
STREET ADDRESS 2404 SE 27th street
CITY-ST-ZIP OCALA, FLORIDA 34471

TITLE MGR ☐ Delete
NAME LUZURIAGA, FATIMA
STREET ADDRESS 2404 SE 27TH ST.
CITY-ST-ZIP OCALA, FL 34471

TITLE ☐ Change ☐ Addition
NAME 2404 SE 27th street
STREET ADDRESS 2404 SE 27th street
CITY-ST-ZIP OCALA, FLORIDA 34471

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Webster Luzuriaga

2-21-07

(352)-632-9777

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

Date

Daytime Phone #