


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90035 047 \*\*\*\*50.00

|  |                                      |                     |  |  |    |
|--|--------------------------------------|---------------------|--|--|----|
| <b>DOCUMENT # L06000040700</b><br>1. Entity Name<br><b>MULTISERVICIOS LUZ LLC</b>  |                                      |                     |  |               |    |
| Principal Place of Business<br><b>281 N. FEDERAL HIGHWAY<br/>SUITE #5<br/>BOCA RATON, FL 33432</b>   |                                      |                     | Mailing Address<br><b>281 N. FEDERAL HIGHWAY<br/>SUITE #5<br/>BOCA RATON, FL 33432</b> |  |    |
| 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  |  |    |
| 6. Name and Address of Current Registered Agent  |                                      |                     |  | 7. Name and Address of New Registered Agent  |    |
| <b>SANCHEZ, MARIA L<br/>2075 SW 122 AVE<br/>APT. 431<br/>MIAMI, FL 33175</b>   |                                      |                     |  | Name   |    |
|  |                                      |                     |  | Street Address (P.O. Box Number is Not Acceptable)   |    |
|  |                                      |                     |  |  |    |
|  |                                      |                     |  | City   | FL |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                                      |                     |  |  |    |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |                                      |                     | <b>Make check payable to<br/>Florida Department of State</b>                           |  |    |
| 9. MANAGING MEMBERS/MANAGERS   |                                      |                     | 10. ADDITIONS/CHANGES  |  |    |
| TITLE  | NAME <input type="checkbox"/> Delete |                     | TITLE  | NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |    |
| NAME   |                                      |                     | NAME   | <b>MG RM<br/>Sanchez, Maria L<br/>281 N. Federal Highway suite #5<br/>Boca Raton, FL 33432</b> |    |
| STREET ADDRESS   |                                      |                     |  |  |    |
| CITY-ST-ZIP  |                                      |                     | STREET ADDRESS   |  |    |
| CITY-ST-ZIP  |                                      |                     | CITY-ST-ZIP  |  |    |
| TITLE  | NAME <input type="checkbox"/> Delete |                     | TITLE  | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |    |
| NAME   |                                      |                     | NAME   |  |    |
| STREET ADDRESS   |                                      |                     |  |  |    |
| CITY-ST-ZIP  |                                      |                     | STREET ADDRESS   |  |    |
| CITY-ST-ZIP  |                                      |                     | CITY-ST-ZIP  |  |    |
| TITLE  | NAME <input type="checkbox"/> Delete |                     | TITLE  | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |    |
| NAME   |                                      |                     | NAME   |  |    |
| STREET ADDRESS   |                                      |                     |  |  |    |
| CITY-ST-ZIP  |                                      |                     | STREET ADDRESS   |  |    |
| CITY-ST-ZIP  |                                      |                     | CITY-ST-ZIP  |  |    |
| TITLE  | NAME <input type="checkbox"/> Delete |                     | TITLE  | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |    |
| NAME   |                                      |                     | NAME   |  |    |
| STREET ADDRESS   |                                      |                     |  |  |    |
| CITY-ST-ZIP  |                                      |                     | STREET ADDRESS   |  |    |
| CITY-ST-ZIP  |                                      |                     | 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. |                                      |                     |  |  |    |
| <b>SIGNATURE: <i>Maria Luz Sanchez</i></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                                      |                     | <b>03/29/2007 5613670557</b><br><small>Date Daytime Phone #</small>                    |  |    |