

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046181

Entity Name: LOLITAS LLC

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

14552 SW MARTIN LUTHER DR.
INDIANTOWN, FL 34956

New Principal Place of Business:

Current Mailing Address:

P.O BOX 158
INDIANTOWN, FL 34956

New Mailing Address:

FEI Number: 20-5139003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MERCEDES-RODRIGUEZ, OMAR
5129 ISABELLE AVE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RODRIGUEZ, LORENZA
Address: 14722 SW 171ST AVE
City-St-Zip: INDIANTOWN, FL 34956 US

Title: MGR () Delete
Name: MERCEDES-RODRIGUEZ, OMAR
Address: 5129 ISABELLE AVE
City-St-Zip: PORT ORANGE, FL 32127 US

Title: MGR () Delete
Name: MERCEDES, CRYSTAL
Address: 14552 SW MARTIN LUTHER DR.
City-St-Zip: INDIANTOWN, FL 34956

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: OMAR MERCEDES

MAN

05/02/2007

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