

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

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000086215	
1. Entity Name LASORSA ENTERPRISES LLC	

Principal Place of Business 2071 SW 70TH AVENUE G19 DAVIE FL 33317 US	Mailing Address 2071 SW 70TH AVENUE G19 DAVIE FL 33317 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent LASORSA, ANTHONY 2071 SW 70TH AVENUE G19 DAVIE FL 33317	
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4. FEI Number 20-5475019	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 Anthony Lasorsa	Anthony Lasorsa	3 Mar 08

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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MGR LASORSA, ANTHONY 2071 SW 70TH AVENUE - SUITE #G19 DAVIE FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MGR PEREA, FERNANDO 2071 SW 70TH AVENUE - SUITE #G19 DAVIE FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MGR LASORSA, FRANK 2071 SW 70TH AVE STE G19 DAVIE FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000849979 03/21/08-80041-022 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Anthony Lasorsa	3 Mar 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	