2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# L06000110828

Entity Name: LUXURIOUS LIFESTYLES OF FLORIDA, LLC

Current Principal Place of Business:

2020 SEVEN SPRINGS BLVD
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

2020 SEVEN SPRINGS BLVD
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 20-5891855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMUNNI, STEVEN A
110 NORTH MAIN STREET
LABELLE, FL 33935 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: MGRM ( ) Delete
Name: PERICH, LARRY
Address: 2020 SEVEN SPRINGS BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGRM ( ) Delete
Name: PERICH, DAVID
Address: 2020 SEVEN SPRINGS BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGRM ( ) Delete
Name: PERICH, KENNETH
Address: 2020 SEVEN SPRINGS BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

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: PAUL CURTIS ADMN 05/02/2008

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