

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000093613

Entity Name: LAMANOR, LLC

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5990 S.W. 97TH STREET  
PINECREST, FL 33156

**New Principal Place of Business:**

5990 S.W. 97TH STREET  
PINECREST, FL 33156 US

**Current Mailing Address:**

5990 S.W. 97TH STREET  
PINECREST, FL 33156

**New Mailing Address:**

5990 S.W. 97TH STREET  
PINECREST, FL 33156 US

FEI Number: 26-1117219

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE., SUITE 125  
CORAL GABLES, FL 33146 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  
Name: PARODY, LUIS C  
Address: 5990 S.W. 97TH STREET  
City-St-Zip: PINECREST, FL 33156

Title: MGR  
Name: IBARRA, ADRIANA  
Address: 5990 S.W. 97TH STREET  
City-St-Zip: PINECREST, FL 33156

I hereby 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: LUIS PARODY

MGR

04/09/2012

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