

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096835

Entity Name: LUKE'S LATERRA, LLC

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

11512 LAKE MEAD AVE., #405
JACKSONVILLE, FL 32256

New Principal Place of Business:

11512 LAKE MEAD AVE
SUITE 405
JACKSONVILLE, FL 32256

Current Mailing Address:

7643 GATE PARKWAY, STE. 104, PMB 188
JACKSONVILLE, FL 32256

New Mailing Address:

7643 GATE PARKWAY
SUITE 104 PMB 188
JACKSONVILLE, FL 32256

FEI Number: 26-3415304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALASKIEWICZ, KIM
11512 LAKE MEAD AVE., #405
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

BALASKIEWICZ, KIM
11512 LAKE MEAD AVE
SUITE 405
JACKSONVILLE, FL 32256 US

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:

04/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BALASKIEWICZ, KIM
Address: 11512 LAKE MEAD AVE., #405
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR () Delete
Name: BALASKIEWICZ, JAMES
Address: 11512 LAKE MEAD AVE., #405
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

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: KIM BALASKIEWICZ

MGRM

04/06/2009

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