

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000061872

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** LUNECARS PERFORMANCE TRANSMISSIONS LLC

**Current Principal Place of Business:**

2779K OLD DIXIE HWY  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

2779K OLD DIXIE HWY  
KISSIMMEE, FL 34744

**Current Mailing Address:**

2779K OLD DIXIE HWY  
KISSIMMEE, FL 34741

**New Mailing Address:**

2779K OLD DIXIE HWY  
KISSIMMEE, FL 3474

**FEI Number:** 27-2849365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GOMEZ CARDONA, LUIS A  
2779K OLD DIXIE HWY  
KISSIMMEE, FL 34741 US

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

GOMEZ CARDONA, LUIS A  
2779K OLD DIXIE HWY  
KISSIMMEE, FL 34743 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:** CARMEN NIEVES

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GOMEZ CARDONA, LUIS A  
**Address:** 2412 LANCASHIRE LN  
**City-St-Zip:** KISSIMMEE, FL 34743

**Title:** MGRM  
**Name:** NIEVES, CARMEN I  
**Address:** 2412 LANCASHIRE LN  
**City-St-Zip:** KISSIMMEE, FL 34743

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:** CARMEN NIEVES

MGRM

05/01/2012

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