# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 23, 2012**
**Secretary of State**

DOCUMENT# L11000010886

**Entity Name:** LUNAJONAI L.L.C.

**Current Principal Place of Business:**

20900 NE 30TH AVENUE
800
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

20900 NE 30TH AVENUE
800
AVENTURA, FL 33180 US

**New Mailing Address:**

**FEI Number: 45-3623252** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BARRY D. SILVERSTEIN ESQ. P.A.
20900 N.E. 30TH AVENUE
800
AVENTURA, FL 33180 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
Name: PILLAH-NEIPAL, LUCIEN MR.
Address: 49 RESIDENCE COMMERCIALE QUARTIER D'ORLEAN
City-St-Zip: LE SPRING, FW 97150 FW

Title: MGRM
Name: PILLAH-NEIPAL, NATHALIE MME
Address: 49 RESIDENCE COMMERCIALE QUARTIER D'ORLEAN
City-St-Zip: LE SPRING, FW 97150 FW

Title: MGRM
Name: PILLAH-NEIPAL, JONATHAN
Address: 49 RESIDENCE COMMERCIALE QUARTIER D'ORLEAN
City-St-Zip: LE SPRING, FW 97150 FW

Title: MGRM
Name: PILLAH-NEIPAL, NAÃ¯LA
Address: 49 RESIDENCE COMMERCIALE QUARTIER D'ORLEAN
City-St-Zip: LE SPRING, FW 97150 FW

Title: MGRM
Name: PILLAH-NEIPAL, LUCAS
Address: 49 RESIDENCE COMMERCIALE QUARTIER D'ORLEAN
City-St-Zip: LE SPRING, FW 97150 FW

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 Statues.

SIGNATURE: PILLAH-NEIPAL LUCIEN MGR 02/23/2012

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