

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000041177

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

**Entity Name:** KAREN LUCIANO BUILDING MAINTENANCE AND REPAIR, LLC

**Current Principal Place of Business:**

306 BELLA VISTA DR.  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2254  
FORT WALTON BEACH, FL 325492254

**New Mailing Address:**

306 BELLA VISTA DR.  
FORT WALTON BEACH, FL 32547

**FEI Number:** 45-1737974

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NELSON, KAREN  
306 BELLA VISTA ROAD  
FORT WALTON BEACH, FL 32547 US

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

LUCIANO, KAREN  
306 BELLA VISTA ROAD  
FORT WALTON BEACH, FL 32547 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: KAREN LUCIANO

03/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LUCIANO, KAREN  
Address: 306 BELLA VISTA RD  
City-St-Zip: FORT WALTON BEACH, FL 325492254

Title: MGRM  
Name: LUCIANO, MICHAEL  
Address: 306 BELLA VISTA RD  
City-St-Zip: FORT WALTON BEACH, FL 325492254

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: KAREN LUCIANO

MGRM

03/23/2012

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