

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000003759

**FILED**  
**Apr 26, 2013**  
**Secretary of State**  
**CC1119880249**

**Entity Name:** LLERENA ENTERPRISES GROUP, INC.

**Current Principal Place of Business:**

17841 NW 54 AVE  
CAROL CITY, FL 33055

**Current Mailing Address:**

17841 NW 54 AVE  
CAROL CITY, FL 33055

**FEI Number:** 68-0593732

**Certificate of Status Desired:** No

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

LLERENA, AURELIO  
17841 NW 54 AVE  
CAROL CITY, FL 33055 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	PD	Title	STD
Name	LLERENA, AURELIO	Name	LLERENA, MARTHA
Address	17841 NW 54 AVE	Address	17841 NW 54 AVE
City-State-Zip:	CAROL CITY FL 33055	City-State-Zip:	CAROL CITY FL 33055

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AURELIO LLERENA

**PRESIDENT**

**04/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date