2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000077677

1. Entity Name
GARCELL'S WALL DESIGNS, LLC

Principal Place of Business	Mailing Address
9905 SOUTHWEST 5TH STREET CIRCLE MIAMI, FL 33174	9905 SOUTHWEST 5TH STREET CIRCLE MIAMI, FL 33174

DO NOT WRITE IN THIS SPACE

04102008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
54-2180059		Not Applicable
5. Certificate of Status Desired	☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GUILLERMO, GARCELL
9905 SW 5 STREET CIRCLE
MIAMI, FL 33174

DO NOT WRITE
IN THIS SPACE

8. 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 I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000903796
04/30/08-80060-002 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	GARCELL, GUILLERMO
STREET ADDRESS	9905 SOUTHWEST 5TH STREET CIRCLE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	ST
NAME	GARCELL, GUILLERMO
STREET ADDRESS	9905 SOUTHWEST 5TH STREET CIRCLE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: X _____   4/10/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #