

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000167027

**Entity Name:** GARCIA & ASSOCIATES, PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

13795 DEVAN LEE DR. NORTH  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

13795 DEVAN LEE DR. NORTH  
JACKSONVILLE, FL 32226

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

GARCIA, LUIS M  
13795 DEVAN LEE DR. NORTH  
JACKSONVILLE, FL 32226 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

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name OOTEN, STEPHANIE M  
Address 4048 FALSE RIVER DR.  
City-State-Zip: BOSSIER CITY LA 71111

Title AUTHORIZED REPRESENTATIVE  
Name GARCIA, ANTHONY B  
Address 13795 DEVAN LEE DR. NORTH  
City-State-Zip: JACKSONVILLE FL 32226

Title AUTHORIZED REPRESENTATIVE  
Name GARCIA, CHRISTOPHER J  
Address 162 POWDER RIVER RUN  
City-State-Zip: DUBLIN CA 94568

Title MANAGER  
Name GARCIA, LUIS MONTANEZ  
Address 13795 DEVAN LEE DR. NORTH  
City-State-Zip: JACKSONVILLE FL 32226

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: LUIS M. GARCIA

REGISTERED AGENT,  
MNGR.

04/30/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date