2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED
DOCUMENT # L00000015535 1. Entity Name GARCA, LLC.					Feb 09, 2004 08:00 AM Secretary of State
					<u></u>
	ce of Business	Mailing Address			
DADELAND MALL 7535 N KENDALL DR MIAMI FL 93156		12941 SW 28 COURT MIRAMAR FL 33027			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.			MOORE CR2E083 (11/03)
City & State		City & State			4. FEI Number 65-1063319 Applied For Not Applicable
Zip	Country	Zip	Zrp Countr		5. Certificate of Status Desired S \$5.00 Additional Fee Required
6. Name and Address of Currer					7. Name and Address of New Registered Agent
CASAS, ROBERTO GARCIA			Ĺ	Name	
129	41 SW 28 COURT AMAR FL 33027			Street Address	s (P.O. Box Number is Not Acceptable)
			-	City	E Zip Code
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8. The above named eighty 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 it applicable [INOTE: Registered Agent signature required when renstating) DATE					
FILE NOW!!! FEE IS \$50.00					
		Make Check Payabl		rida Departm y 1, 2004	ent of State
9.	MANAĞING MÉMB		10.		ADDÍTIONS/CHANGES
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	CASAS, ROBERTO GARCIA 12941 SW 28 COURT		NAME STREET	T ADDRESS	U00000041994
CITY-ST-ZIP	MIRAMAR FL 33027		CITY-S		02/10/04-80006-001 55.00
TITLE		☐ Defete	BILE		☐ Change ☐ Addition
NAME STREET ADORESS			NAME	T ADDRESS	
CITY-ST-ZIP			CITY-S	- 3	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CHY-S		
TITLE		☐ Delete	IIILE		☐ Change ☐ Addition
NAME CTREET ADDRESS			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	T ADDRESS ST-ZIP	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME.			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET CRTY-S	TADDRESS ST-ZIP	
TITLE		☐ Delete	TITLE		Change Addition
NAME			NAME		The country of the co
STREET ADORESS CITY-ST-ZIP			- 8	F AODRESS	
<u> </u>	certify that the information sumflied with	h this filing dose not qualify for	CITY-S	{	Section 110 07(3V) Florido Stellitos Liuthor south, that the lafe
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and archrate 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.					

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Onte

Daytime Phone #