

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000018734

1. Entity Name
GALICIA ENTERPRISES, LLC



Principal Place of Business
716 WEST FLETCHER AVENUE
TAMPA, FL 33612

Mailing Address
716 WEST FLETCHER AVENUE
TAMPA, FL 33612



01222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1195147

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIVERO, JOSE
GALICIA ENTERPRISES, LLC
716 W. FLETCHER AVE
TAMPA, FL 33612

**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

1/22/07

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VIVERO, JOSE
STREET ADDRESS	716 W. FLETCHER AVE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	VP
NAME	VIVERO, ELENA
STREET ADDRESS	15437 LAKE MAGDALENE BLVD
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	VP
NAME	VIVERO, FRANCIS X
STREET ADDRESS	10018 HAMPTON PLACE
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	VP
NAME	VIVERO, GABRIEL J
STREET ADDRESS	716 W. FLETCHER AVE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

U000000744253
05/15/07-80141-017 50.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/22/07 813-961-3300