

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000019087

1. Entity Name  
G.C.C.G. PROPERTIES, LLC



Principal Place of Business  
2544 NW 7TH STREET  
MIAMI, FL 33125 US

Mailing Address  
2544 NW 7TH STREET  
MIAMI, FL 33125 US



04182008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
61-1450338

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GARCIA, MYRA  
2544 NW 7TH STREET  
MIAMI, FL 33125

**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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME COSTA, XIOMARA  
STREET ADDRESS 9944 NW 49TH TERR  
CITY-ST-ZIP DORAL, FL 33178

TITLE MGRM  
NAME COSTA, ANTONIO  
STREET ADDRESS 9944 NW 49TH TERR  
CITY-ST-ZIP DORAL, FL 33178

TITLE MGRM  
NAME GONZALEZ, LOURDES C  
STREET ADDRESS 2436 SW 22 TERR  
CITY-ST-ZIP MIAMI, FL 33145

TITLE MGRM  
NAME GARCIA, MYRA  
STREET ADDRESS 2201 S OCEAN DR #701  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000913330  
05/08/08-80036-003 138.75

**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:** \_\_\_\_\_

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

4/18/08 3057982088

Date

Daytime Phone #