

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030805

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: GARCIA OPERATIONS, LLC

**Current Principal Place of Business:**

4201 SW 85TH AVE  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

4201 SW 85TH AVE  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 20-0157855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOHATCH, JOHN S  
7301 SW 57 COURT  
SUITE 560  
SOUTH MIAMI, FL 33143 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BRAVO, IVETTE  
Address: 12195 SW 90TH AVENUE  
City-St-Zip: MIAMI, FL 33176

Title: MGRM ( ) Delete  
Name: GARCIA, RODOLFO JR.  
Address: 413 SW 89TH PLACE  
City-St-Zip: MIAMI, FL 33174

Title: MGRM ( ) Delete  
Name: GARCIA, ROLANDO  
Address: 636 SW 31ST AVENUE  
City-St-Zip: MIAMI, FL 33135

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROLANDO GARCIA

MGRM

04/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date