

ANNUAL REPORT

DOCUMENT # L04000021127

1. Entity Name
GMA, LLC



FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90024 021 ***138.75

Principal Place of Business
516 CHARLES PLACE
BRANDON, FL 33510

Mailing Address
516 CHARLES PLACE
BRANDON, FL 33510

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052008 Chg-LLC CR2E083 (12/08)

4. FEI Number
16-1695217

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUGA, RICHARD D
1303 NORTH WHEELER STREET
PLANT CITY, FL 33563

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME GARCIA, ALFONSO
STREET ADDRESS 516 CHARLES PLACE
CITY-ST-ZIP BRANDON, FL 33510

TITLE MGRM ☐ Delete
NAME MUGA, SYLVIA
STREET ADDRESS 516 CHARLES PLACE
CITY-ST-ZIP BRANDON, FL 33563

TITLE MGRM ☐ Delete
NAME ADAMS, JULIA
STREET ADDRESS 516 CHARLES PLACE
CITY-ST-ZIP BRANDON, FL 33510

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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]

4/24/08