

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039885

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** THE GARCIA & PLAZAS LLC

**Current Principal Place of Business:**

325 CLEMATIS STREET  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

521 LES JARDIN DRIVE  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

521 LES JARDIN DRIVE  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 20-1170474      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GARCIA, CLAUDIA  
521 LES JARDIN DRIVE  
PALM BEACH GARDENS, FL 33410      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: GARCIA, CLAUDIA  
Address: 521 LES JARDIN DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR      ( ) Delete  
Name: JORGE, GARCIA  
Address: 521 LES JARDIN DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES:**

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: CLAUDIA I. GARCIA

MGR

04/14/2009

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