2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000054302

1. Entity Name
LUIS D GARCIA, LLC

Principal Place of Business	Mailing Address
P.O.BOX 2554 LAKELAND, FL 33806 US	P.O.BOX 2554 LAKELAND, FL 33806 US

DO NOT WRITE IN THIS SPACE

02252008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-1408888	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, LUIS D
911 ASHTON OAKS CIR
LAKELAND, FL 33813

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

U00000355948
03/27/08 00071-020 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	GARCIA, LUIS D	
STREET ADDRESS	911 ASHTON OAKS CIR	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____   3/7/08   863-660-2531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #