

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90036 021 \*\*\*138.75

**DOCUMENT # L04000081615**

1. Entity Name  
**MACGARMEN HOLDINGS, LLC**



Principal Place of Business  
**709 NW LEJEUNE RD  
MIAMI, FL 33126 US**

Mailing Address  
**P.O. BOX 520682  
MIAMI, FL 33173**

*NEW MAILING ADDRESS  
709 NW LEJEUNE RD,  
MIAMI FL 33126.*

**60010680**



**DO NOT WRITE IN THIS SPACE**

02192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-2031567**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

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

**GARCIA, ELOY  
709 NW LEJEUNE RD  
MIAMI, FL 33126**

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, ELOY 709 NW LEJEUNE RD MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDIZABAL, NICOLAS JR 709 NW LEJEUNE RD MIAMI, FL 33126
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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:** \_\_\_\_\_

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

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_