


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90064 020 ****55.00

DOCUMENT # L05000047228					
1. Entity Name YOLANDA GARCIA, LLC					
Principal Place of Business 6001 SW 70 STREET, UNIT 338 MIAMI, FL 33143			Mailing Address 6001 SW 70 STREET, UNIT 338 MIAMI, FL 33143		
2. Principal Place of Business 10780 N. Kendall Dr. Suite, Apt. #, etc. Unit E-16 City & State Miami, FL Zip 33176 Country USA		3. Mailing Address 10780 N. Kendall Dr. Suite, Apt. #, etc. Unit E-16 City & State Miami, FL Zip 33176 Country USA			
4. FEI Number 20-3072649		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		03292006 Chg-LLC CR2E083 (11/05)			
6. Name and Address of Current Registered Agent GARCIA, YOLANDA 6001 SW 70 STREET, UNIT 338 MIAMI, FL 33143			7. Name and Address of New Registered Agent Name Yolanda Garcia Street Address (P.O. Box Number is Not Acceptable) 10780 N. Kendall Drive # E-16 City Miami FL Zip Code 33176		
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 <u>Yolanda Garcia</u> DATE <u>3/31/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, YOLANDA 6001 SW 70 STREET, UNIT 338 MIAMI, FL 33143 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Garcia, Yolanda 10780 N. Kendall Dr. # E-16 Miami, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Yolanda Garcia</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <u>3/31/06</u> DAYTIME PHONE # <u>(305) 781-5138</u>		