

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L05000077688

1. Entity Name

GARCIA MUGA, LLC



Principal Place of Business

804 EAST BAKER STREET
PLANT CITY FL 33563

Mailing Address

1303 NORTH WHEELER
PLANT CITY, FL 33563

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

3. Mailing Address

516 Charles PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRANDON, Fla.

Zip

Country

Zip
33511

Country
N/A

4. FEI Number

76-0798325

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Change of address of R. D.

Name MUGA, RICHARD D

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

516 Charles Place

BRANDON, FL

City

FL

Zip Code 33511

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

NAME
MUGA, SLYVIA
STREET ADDRESS
1303 NORTH WHEELER
CITY-SI-ZIP PLANT CITY FL 33563

Delete

NAME
MUGA, SLYVIA
STREET ADDRESS
516 Charles PL
CITY-SI-ZIP BRANDON, FL 33511

Change

Addition

NAME
STREET ADDRESS
CITY-SI-ZIP

Delete

NAME
STREET ADDRESS
CITY-SI-ZIP

Change

Addition

NAME
STREET ADDRESS
CITY-SI-ZIP

Delete

NAME
STREET ADDRESS
CITY-SI-ZIP

Change

Addition

NAME
STREET ADDRESS
CITY-SI-ZIP

Delete

NAME
STREET ADDRESS
CITY-SI-ZIP

Change

Addition

NAME
STREET ADDRESS
CITY-SI-ZIP

Delete

NAME
STREET ADDRESS
CITY-SI-ZIP

Change

Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/15/07 813/689-4081
Date
Home Phone #