## ANNUAL REPORT

DOCUMENT # L05000077688



## FILED Apr 29, 2008 8:00 am

GARCIA MUGA, LLC						Secretary of State 04-29-2008 90024 022 ***138.75				
Principal Plac 804 EAST 8/ PLANT CITY,	AKER STREET		Mailing Address 516 CHARLES PL BRANDON, FL 33511			T	Berry ohl ohn böll örk	71 <b>8 2</b> 711 ( <b>18 3</b> 1) ( <b>2 3</b>	1 <b>8. 0</b> 41101 (1887) 491	FC   11   11   11   11   11   11   11
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, elc.			02052008	Chg-LLC	CR2E08	33 (12/06)	
City & State			City & State			4. FEI Number         Applied For           76-0798325         Not Applicable				
Zip	Country		Zip Countr		try	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New H	legistered A	gent	
MUGA, RICHARD D 516 CHARLES PL BRANDON, FL 33511					Street Address	(P.O. Box Numb	er is Not Acceptable	<del>)</del>		
					City	FL Zip Code				
	named entity tions of registe		or the purpose of changing its	registere	ed office or registe	red agent, or bo	th, in the State of Flo	orida. I am l	amiliar with,	and accept
SIGNATURE	Cinnetum band	or printed name of registered agent	and little 2 may back to AVOVI	r. Oneistana		duda a minataina		DATE		
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature requirements for the second s						Make check payable to Florida Department of State				
9.	MCDM	MANAGING MEMB		10.	<u> </u>		ADDITIONS	CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUGA, SL 516 CHAR BRANDON	1.00 miles	☐ Delete		l				Ctrange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate		<b>I</b>				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	СПУ	E ET ADDRESS - ST-7IP				☐ Change	Addition
11. I hereby o	certify that the	information supplied with	n this filing does not qualify for	r the exe	mptions contained	in Chapter 119,	Florida Statutes. I fu	irther certify	that the info	rmation

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 by trustee empowered to execute this report as required by Chapter 608, Florida Statutes.