

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L05000095855

1. Entity Name  
SARABIA, LLC



Principal Place of Business  
160 EAST REDSTONE AVENUE  
CRESTVIEW, FL 32539

Mailing Address  
160 EAST REDSTONE AVENUE  
CRESTVIEW, FL 32539

FILED  
Apr 19, 2007 08:00 AM  
Secretary of State



03272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
55-0911210

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LUJAN, PATRICIA  
102 OLD SOUTH DRIVE  
CRESTVIEW, FL 32536

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

Filing Fee is \$50.00  
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LUJAN, PATRICIA  
160 E. REDSTONE AVE.  
CRESTVIEW, FL 32539

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LUJAN, RICK  
160 E. REDSTONE AVE.  
CRESTVIEW, FL 32539

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

000000716011  
04/28/07-80014-007 50.00

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 #

4/16/07

(850) 689-0555