


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000111669 1. Entity Name D.M.G. WAREHOUSES, L.L.C.	
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Principal Place of Business 3130 S.W. 98TH AVENUE MIAMI, FL 33165	Mailing Address 3130 S.W. 98TH AVENUE MIAMI, FL 33165
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**DO NOT WRITE IN THIS SPACE**



03102008No Chg-LLC CR2E083 (12/07)

4. FEI Number 03-0576669	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, DELIO Z  
 3130 S.W. 98TH AVENUE  
 MIAMI, FL 33165

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

1100000828590  
 04/14/08-80060-016 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, DELIO Z 3130 S.W. 98TH AVENUE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARCIA, MAGDALENA 3130 SW 98 AVE MIAMI, FL 33165
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**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: *Delio Z Garcia*

3/31/2008 305-226-0435  
Date Daytime Phone #

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