


2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L 06 000035508						FILED 10 MAY 11 PM 2:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name Gonzacas LLC				Principal Place of Business 538 SW Nadell Av.			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				Mailing Address Same			
3. Mailing Address Suite, Apt. #, etc.				4. FEI Number 71-1003720			
City & State Port St. Lucie, FL.				Applied For <input type="checkbox"/> Not Applicable			
Zip 34953		Country USA		City & State Port St. Lucie, FL.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent Betty Gonzalez 538 SW Nadell Av. Port St. Lucie, FL 34953				7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 Betty Gonzalez BETTY GONZALEZ DATE 04-30-10 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE MGR NAME Gonzalez, Betty <input type="checkbox"/> Delete STREET ADDRESS 538 SW Nadell Ave CITY-ST-ZIP Port Saint Lucie, FL 34953				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE MGR NAME Castaneda, Nestor <input type="checkbox"/> Delete STREET ADDRESS 538 SW Nadell Ave CITY-ST-ZIP Port Saint Lucie, FL 34953				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE MGR NAME Zambrano, Miguel <input type="checkbox"/> Delete STREET ADDRESS 538 SW Nadell Ave CITY-ST-ZIP Port Saint Lucie, FL 34953				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: Betty Gonzalez BETTY GONZALEZ				Date 04-30-10 Daytime Phone # 772 361 3653			