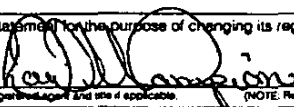


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

3. Apr 02, 2007 8:00 am
Secretary of State

03-01-2007 90191 014 ****50.00

DOCUMENT # L06000047258					
1. Entity Name GARCIA HOLDINGS, LLC					
Principal Place of Business P.O. BOX 1904 UMATILLA, FL 32784			Mailing Address P.O. BOX 1904 UMATILLA, FL 32784		
2. Principal Place of Business - No P.O. Box # 2587 CR 44 West		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Eutaw F		City & State		4. FEI Number 204821303	
Zip 32726		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPLONE, DAVID M ESQ. 600 JENNINGS AVE. EUTIS, FL 32726			7. Name and Address of New Registered Agent Name: Campione & Vason, P.A. Street Address (P.O. Box Number is Not Acceptable) 501 East Fifth Avenue City: Mount Dora FL Zip Code: 32757		
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:  (NOTE: Registered Agent signature required when reappointing) DATE: _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			07-7607 352-589-8070		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		