2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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

01172007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #: 2587 CR 44 West
Suite, Apt. #, etc.:
City & State: Eustis F
Zip: 32726 Country: USA

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 204821363 ☐ Applied For ☐ Not Applicable

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: [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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: President NAME: Hugo A. Garcia STREET ADDRESS: 108 Wingfield St. CITY-ST-ZIP: Umatilla Fl. 32784	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Secretary NAME: Maria R. Garcia STREET ADDRESS: 37334 Chicago Ave. CITY-ST-ZIP: Umatilla Fl. 32784	☐ 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: Hugo A. Garcia 02-26-07 352-589-8070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #