

**LIMITED LIABILITY COMPANY  
2007 ANNUAL REPORT (AR)**

DOCUMENT # L06000047931

1. Entity Name

G. J. Marble & Granite, L.L.C.



**FILED**

07 OCT 30 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

101 N.W. 8th Avenue

3. Mailing Address

Suite, Apt. #, etc.

apt A-6

Suite, Apt. #, etc.

City & State

Hallandale, Florida

City & State

Zip

33009

Country

USA

Zip

Country

4. FEI Number

20-4860148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

CR2E083B (8/05)

7. Name and Address of Current Registered Agent

Name

Gonzalo Chacana

Street Address (P.O. Box Number is Not Acceptable)

101 NW 8th Ave, Apt A-6

City

Hallandale

FL

Zip Code

33009

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.

10/23/07  
DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRH<br>Gonzalo Chacana<br>101 N.W. 8th Avenue<br>Hallandale, FL 33009  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRH.<br>Jimmy Terrero<br>20 N.E. 193rd Street<br>North Miami, FL 33317 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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**REINSTATEMENT  
2007**

**DO NOT WRITE  
IN THIS SPACE**

800111392528  
10/25/07--01041--002 \*\*160.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*

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

10/04/07  
Date

Daytime Phone #