

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092229

Entity Name: GALICIA LLC

FILED
Apr 09, 2008
Secretary of State

Current Principal Place of Business:

9500 W. BAY HARBOR DRIVE, SUITE 3-D
BAY HARBOR ISLAND, FL 33154

New Principal Place of Business:

Current Mailing Address:

9500 W. BAY HARBOR DRIVE, SUITE 3-D
BAY HARBOR ISLAND, FL 33154

New Mailing Address:

FEI Number: 20-5587922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CZETYRKO, CLAUDIA
7660 S.W. 83 COURT
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUIDI, ALEJANDRO
Address: 9500 W. BAY HARBOR DRIVE, SUITE 3-D
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: CIRANJA TABOADA, JOSE R
Address: C/O 7660 SW 83 COURT
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Change (X) Addition
Name: CONSTRUCCIONES CIVIL, ES E INDUSTRIA L ES FERN
Address: C/O 7660 SW 83 COURT
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALEJANDRO GUIDI

MGER

04/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date