2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L06000092229

Entity Name: GALICIA LLC

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:	MGRM	( ) Delete
Name:	GRANJA TABOADA, JOSE R	
Address:	C/O 7660 SW 83 COURT	
City-St-Zip:	MIAMI, FL 33143	
Title:	MGRM	( ) Delete
Name:	CONSTRUCCIONES CIVILES E INDUSTRIALES FERN	
Address:	C/O 7660 SW 83 COURT	
City-St-Zip:	MIAMI, FL 33143	

ADDITIONS/CHANGES:

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

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 MGR 04/24/2009

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