

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116099

FILED  
Jul 07, 2008  
Secretary of State

Entity Name: THE ARCIA LAW FIRM, P.L.

## Current Principal Place of Business:

123 SW 164 AVENUE  
100  
PEMBROKE PINES, FL 33027

## Current Mailing Address:

P.O. BOX 821626  
PEMBROKE PINES, FL 33082

## New Principal Place of Business:

3350 SW 148TH AVENUE  
110  
MIRAMAR, FL 33027

## New Mailing Address:

3350 SW 148TH AVENUE  
110  
MIRAMAR, FL 33027

FEI Number: 20-8013440      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ARCIA, OMAR J  
123 SW 164 AVENUE  
100  
PEMBROKE PINES, FL 33082 US

## Name and Address of New Registered Agent:

ARCIA, OMAR J  
3350 SW 148TH AVENUE  
110  
MIRAMAR, FL 33027 US

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: OMAR J. ARCIA

07/07/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ARCIA, OMAR J  
Address: 123 SW 164 AVENUE, SUITE 100  
City-St-Zip: PEMBROKE PINES, FL 33082

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ARCIA, OMAR J  
Address: 3350 SW 148TH AVENUE  
City-St-Zip: MIRAMAR, FL 33027

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: OMAR J. ARCIA

MGRM

07/07/2008

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