


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90062 025 \*\*\*138.75

|                                       |   |
|---------------------------------------|---|
| <b>DOCUMENT # L07000031232</b>        |  |
| 1. Entity Name<br><b>GRUPOZO, LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>2030 SOUTH PINE AVENUE<br/>OCALA, FL 34474 US</b> | Mailing Address<br><b>2030 SOUTH PINE AVENUE<br/>OCALA, FL 34474 US</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>3498 WEST HIGHWAY #326</b> | 3. Mailing Address<br><b>3498 WEST HIGHWAY #326</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                                 |

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| City & State<br><b>OCALA, FLORIDA</b> | City & State<br><b>OCALA, FLORIDA</b> |
| Zip<br><b>34475</b>                   | Zip<br><b>34475</b>                   |
| Country<br><b>USA</b>                 | Country<br><b>USA</b>                 |

01232008 Chg-LLC CR2E083 (12/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>20-8695601</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>POZO, GONZALO<br/>5600 SW 34TH AVENUE<br/>OCALA, FL 34474</b> |  |
|---|--|

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

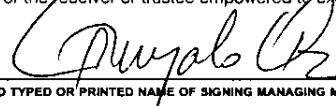
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>POZO, GONZALO<br>5600 SW 34TH AVENUE<br>OCALA, FL 34474 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>POZO, LUIS F<br>6392 NW 54TH PLACE<br>OCALA, FL 34482 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>POZO, JUAN C<br>7852 NW 14TH STREET<br>OCALA, FL 34482 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>POZO, ERNESTO G<br>4093 SE 37TH COURT<br>OCALA, FL 34480 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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.

|   |                 |                       |
|---|-----------------|-----------------------|
| <b>SIGNATURE:</b>  | <b>01-28-08</b> | <b>(351)-351-3323</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |                 |                       |
| Date Daytime Phone #  |                 |                       |