


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 12, 2008 8:00 am**  
**Secretary of State**

09-12-2008 90017 001 \*\*\*538.75

|  |   |
|--|---|
| <b>DOCUMENT # L07000121289</b>                     |  |
| 1. Entity Name<br><b>GARRASAN PUBLISHING, LLC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>4067 CEDAR CREEK RANCH CIRCLE<br/>LAKE WORTH, FL 33467 US</b> | Mailing Address<br><b>4067 CEDAR CREEK RANCH CIRCLE<br/>LAKE WORTH, FL 33467 US</b> |
|---|---|

**60047104**



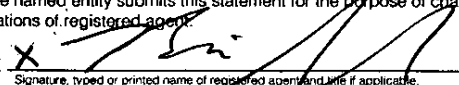
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|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>2216 E Silver Springs Blvd.</b> | 3. Mailing Address<br><b>2216 E Silver Springs Blvd.</b> |
| Suite, Apt. #, etc.<br><b>Suite #3</b>   | Suite, Apt. #, etc.<br><b>Suite #3</b>                   |
| City & State<br><b>Ocala, FLORIDA</b>  | City & State<br><b>Ocala, FLORIDA</b>                    |
| Zip<br><b>34470</b>  | Country<br><b>USA</b>                                    |

07032008 Chg-LLC CR2E083 (12/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>26-151-9848</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>GARRA, PAUL<br/>4067 CEDAR CREEK RANCH CIRCLE<br/>LAKE WORTH, FL 33467</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.

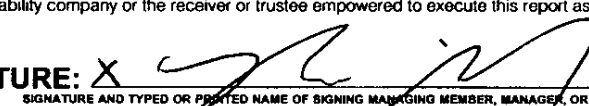
SIGNATURE  DATE **9/10/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| <b>FILE NOW!!! FEE IS \$538.75<br/>Due by September 12, 2008</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 | MGRM<br>GARRA, PAUL<br>4067 CEDAR CREEK RANCH CIRCLE<br>LAKE WORTH, FL 33467 <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 | MGRM<br>SANFORD, BRIAN<br>2104 RENAISSANCE WAY<br>BOYNTON BEACH, FL 33426 <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 |
| 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 |
| 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.

SIGNATURE:  DATE **9/10/08** 352-690-6991

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