

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000040987

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: BARCELONA HOME AND GARDEN, LLC

**Current Principal Place of Business:**

3462 N US HWY 1  
FORT PIERCE, FL 34946 US

**New Principal Place of Business:**

**Current Mailing Address:**

3462 N US HWY 1  
FORT PIERCE, FL 34946 US

**New Mailing Address:**

FEI Number: 26-2516797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

BARRERA, LUISA  
3462 N US1  
FT PIERCE, FL 34946 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: LUISA BARRERA

03/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BARRERA, LUISA  
Address: 206 CHAMBERLAIN BLVD  
City-St-Zip: FORT PIERCE, FL 34946 US

Title: MGR ( ) Delete  
Name: BARRERA, VICENTE  
Address: 206 CHAMBERLAIN BLVD  
City-St-Zip: FORT PIERCE, FL 34946 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BARRERA, LUISA  
Address: 3462 N US1  
City-St-Zip: FORT PIERCE, FL 34946 US

Title: MGR (X) Change ( ) Addition  
Name: BARRERA, ALBERT  
Address: 3462 N US1  
City-St-Zip: FORT PIERCE, FL 34946 US

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: LUISA BARRERA

MGR

03/25/2009

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