

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110595

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** GALO FORTE LLC

**Current Principal Place of Business:**

2199 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

110 MERRICK WAY  
SUITE 3A  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

2199 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

110 MERRICK WAY  
SUITE 3A  
CORAL GABLES, FL 33134 US

**FEI Number:** 37-1577061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEWART AGENT SERVICES  
2199 PONCE DE LEON BLVD  
SUITE 301  
CORAL GABLES, FL 33134 US

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

STEWART AGENT SERVICES  
110 MERRICK WAY  
SUITE 3A  
CORAL GABLES, FL 33134 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: LOUIS STINSON, JR.

04/20/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STEWART AGENT SERVICES  
Address: 110 MERRICK WAY SUITE 3A  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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: LOUIS STINSON, JR., AS MANAGER

MGR

04/20/2011

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