

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014158

Entity Name: GALAXY, LLC**Current Principal Place of Business:**10426 RAINBOW RIDGE CT.
WEEKI WACHEE, FL 34613**Current Mailing Address:**10426 RAINBOW RIDGE CT.
WEEKI WACHEE, FL 34613 US**FEI Number:** 65-1131728**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NAPOLITANO, JOHN E
10426 RAINBOW RIDGE CT
WEEKI WACHEE, FL 34613 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name NAPOLITANO, JOHN ESQ.
Address 10426 RAINBOW RIDGE CT.
City-State-Zip: WEEKI WACHEE FL 34613

Title AUTHORIZED MEMBER
Name NAPOLITANO, PETER ESQ.
Address 26034 ESTATES RIDGE DRIVE
City-State-Zip: SORENTO FL 32776

Title MGR
Name NAPOLITANO, MARCEL
Address 10426 RAINBOW RIDGE CT.
City-State-Zip: WEEKI WACHEE FL 34613

Title AUTHORIZED MEMBER
Name NAPOLITANO-ANGLEY, GABRIELLA
Address 8851 TURNSTONE HAVEN PLACE
City-State-Zip: TAMPA FL 33169

Title AUTHORIZED MEMBER
Name ADAMS, ALEXANDRIA L
Address 5230 FALLEN LEAF DRIVE
City-State-Zip: RIVERVIEW FL 33578

Title AUTHORIZED MEMBER
Name ADAMS, AUSTIN L
Address 5230 FALLEN LEAF DRIVE
City-State-Zip: RIVERVIEW FL 33578

Title AUTHORIZED MEMBER
Name O'CONNORS, CORBET
Address 9013 HERNANDO WAY
City-State-Zip: WEEKI WACHEE FL 34613

Title AUTHORIZED MEMBER
Name ANGLEY, DAVID
Address 8851 TURNSTONE HAVEN PLACE
City-State-Zip: TAMPA FL 33169

Continues on page 2

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN NAPOLITANO**MGR****01/03/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	AUTHORIZED MEMBER
Name	HUGHES, JOSHUA ISAAC
Address	5317 W TORTUGA LOOP
City-State-Zip:	LECANTO FL 34461