

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000119882

**Entity Name:** M.G.GARALA, LLC**Current Principal Place of Business:**3661 S MIAMI AVE SUITE 409  
MIAMI, FL 33133**Current Mailing Address:**3661 S MIAMI AVE SUITE 409  
MIAMI, FL 33133**FEI Number:** 45-3819633**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZAVERI, VIJAY  
3661 S MIAMI AVE SUITE 409  
MIAMI, FL 33133 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	MGRM
Name	GARALA, HAREN
Address	3661 S MIAMI AVE SUITE 409
City-State-Zip:	MIAMI FL 33133

Title	MGRM
Name	ZAVERI, VIJAY
Address	3661 S MIAMI AVE SUITE 409
City-State-Zip:	MIAMI FL 33133

Title	MGRM
Name	ZAVERI, PARTH
Address	3661 S MIAMI AVE SUITE 409
City-State-Zip:	MIAMI FL 33133

Title	MGRM
Name	ZAVERI, SHYAM
Address	3661 S MIAMI AVE SUITE 409
City-State-Zip:	MIAMI FL 33133

*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:** VIJAY ZAVERI**MGRM****03/04/2015**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date