## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000090180

Entity Name: G.A.L.F. 5, LLC

**Current Principal Place of Business:** 

2999 NE 191 STREET

PH8

AVENTURA, FL 33180

**Current Mailing Address:** 

2999 NE 191 STREET

PH8

AVENTURA, FL 33180 US

FEI Number: 45-3622883 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARDO, LORENA A 2999 NE 191 STREET PH8

AVENTURA, FL 33180 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

**FILED** May 03, 2013

**Secretary of State** 

CC6732646912

Authorized Person(s) Detail:

Title MGRM Title **MGRM** 

FAURE, MIGUEL A Name Name FAURE ZAPATA, FEDERICO E 2999 NE 191TH STREET PH8 Address 2999 NE 191TH STREET PH8 Address

AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180 City-State-Zip:

Title MGRM

Name ZAPATA DE FAURE, LAURA J Address 2999 NE 191TH STREET PH8

AVENTURA FL 33180 City-State-Zip:

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FAURE, MIGUEL A

Electronic Signature of Signing Authorized Person(s) Detail

**MGRM** 

05/03/2013