

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000090180

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

**Current Principal Place of Business:**

15 NW 7TH AVENUE  
FORT LAUDERDALE, FL 33311

**Current Mailing Address:**

15 NW 7TH AVENUE  
FORT LAUDERDALE, FL 33311 US

**FEI Number:** 45-3622883

**Certificate of Status Desired:** No

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

PARDO, LORENA A  
20801 BISCAYNE BLVD  
SUITE 306  
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

**Authorized Person(s) Detail :**

Title MGRM  
Name FAURE, MIGUEL A  
Address 15 NW 7TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33311

Title MGRM  
Name FAURE ZAPATA, FEDERICO E  
Address 15 NW 7TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33311

Title MGRM  
Name ZAPATA DE FAURE, LAURA J  
Address 15 NW 7TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33311

*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:** FAURE , MIGUEL A

MGRM

04/14/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date