

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000016979

**Entity Name:** EAU GALLIE HOLDINGS, LLC

**Current Principal Place of Business:**

3160 WEST EAU GALLIE BLVD.  
SUITE 101  
MELBOURNE, FL 32934

**Current Mailing Address:**

P.O. BOX 361785  
MELBOURNE, FL 32936 US

**FEI Number:** 47-3073938

**Certificate of Status Desired:** No

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

FLAVIN NOONEY & PERSON  
2200 S. BABCOCK STREET  
SUITE 201  
MELBOURNE, FL 32901 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:** THOMAS P. FLAVIN

04/29/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name JOSHI, PIYUSH N DR.  
Address 3160 WEST EAU GALLIE BLVD STE.  
201  
City-State-Zip: MELBOURNE FL 32934

Title MGR  
Name JOSHI, DHARMI P  
Address 3160 WEST EAU GALLIE BLVD STE.  
201  
City-State-Zip: MELBOURNE FL 32934

Title REGISTERED AGENT  
Name FLAVIN NOONEY & PERSON CPAS  
Address 2200 S. BABCOCK STREET  
City-State-Zip: MELBOURNE FL 32901

*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:** FLAVIN NOONEY & PERSON CPAS

REGISTERED AGENT

04/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date