

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000074745

**Entity Name:** GALV LLC

**Current Principal Place of Business:**

16275 COLLINS AVE  
2301  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

300 EAST 95TH STREET  
SUITE 350  
NEW YORK, NY 10128 US

**FEI Number:** 47-3863657

**Certificate of Status Desired:** No

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

FISHMAN, GARY  
16850 COLLINS AVENUE  
112-435  
SUNNY ISLES BEACH, FL 33160 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 FISHMAN, GARY  
Address 16850 COLLINS AVENUE SUITE 112-435  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGR  
Name FISHMAN, VICTORIA  
Address 16850 COLLINS AVENUE SUITE 112-435  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** GARY FISHMAN

**MANAGER**

**03/04/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date