## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000150170

**Entity Name: GALAPAGOS EXPERIENCE LLC** 

**Current Principal Place of Business:** 

2201 NW 45TH AVENUE COCONUT CREEK. FL 33066

**Current Mailing Address:** 

2201 NW 45TH AVENUE COCONUT CREEK, FL 33066

FEI Number: NOT APPLICABLE Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GCS MANAGEMENT SOLUTIONS LLC 2603 NW 13TH STREET #335 GAINESVILLE, FL 32609 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: SANTIAGO GARCES JARAMILLO 04/24/2016

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR

Name DEL ROCIO CORONEL, SILVIA

Address 2201 NW 45TH AVENUE

City-State-Zip: COCONUT CREEK FL 33066

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: SILVIA DEL ROCIO CORONEL

**MGR** 

04/24/2016

FILED Apr 24, 2016

**Secretary of State** 

CC5235220893

Date