

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000126309

**Entity Name:** CASTRO GALVIS SERVICES LLC

**Current Principal Place of Business:**

11098 BISCAYNE BLVD  
401-G  
MIAMI, FL 33161

**FILED**  
**May 01, 2019**  
**Secretary of State**  
**0949891671CC**

**Current Mailing Address:**

11098 BISCAYNE BLVD  
401-G  
MIAMI, FL 33161 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

KARPEL, MIGUEL  
4000 TOWERSIDE TERRACE  
#503  
MIAMI, FL 33138 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	Title	MGR
Name	CASTRO, CARLOS	Name	GALVIS, GIULIANNA
Address	11098 BISCAYNE BLVD	Address	11098 BISCAYNE BLVD
City-State-Zip:	MIAMI FL 33161	City-State-Zip:	MIAMI FL 33161
Title	MGR	Title	MGR
Name	CASTRO, CARLOS FELIPE	Name	CASTRO, PAULA CRISTINA
Address	11098 BISCAYNE BLVD 401-G	Address	11098 BISCAYNE BLVD 401-G
City-State-Zip:	MIAMI FL 33161	City-State-Zip:	MIAMI FL 33161

*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: CARLOS CASTRO** **MGR** **05/01/2019**  
\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail Date