## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000289890

Entity Name: GALAXY CON RICHMOND LLC

**Current Principal Place of Business:** 

5300 NW 12TH AVE

UNIT 2

FORT LAUDERDALE, FL 33309

**Current Mailing Address:** 

5300 NW 12TH AVE

UNIT 2

FORT LAUDERDALE, FL 33309

FEI Number: 83-1603970 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

**GALAXY CON LLC** 5300 NW 12TH AVE

UNIT 2

FORT LAUDERDALE, FL 33309 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

**FILED** Apr 09, 2019

**Secretary of State** 

4854275938CC

Authorized Person(s) Detail:

Title Title ΑP

**GALAXY CON LLC** Name Name BRODER, MICHAEL S

5300 NW 12TH AVE, UNIT 2 Address 5300 NW 12TH AVE, UNIT 2 Address FORT LAUDERDALE FL 33309 City-State-Zip:

City-State-Zip: FORT LAUDERDALE FL 33309

Title ΑP

Name MARTIN, SANDRA L

Address 5300 NW 12TH AVE, UNIT 2 FORT LAUDERDALE FL 33309 City-State-Zip:

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: SANDRA MARTIN AP

Electronic Signature of Signing Authorized Person(s) Detail

04/09/2019