

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000031816

**Entity Name:** GALAXY CON RALEIGH 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 US

**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

**Authorized Person(s) Detail :**

Title MBR  
Name GALAXY CON LLC  
Address 5300 NW 12TH AVE, UNIT 2  
City-State-Zip: FORT LAUDERDALE FL 33309

Title AP  
Name BRODER, MICHAEL S  
Address 5300 NW 12TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33309

*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:** MICHAEL S BRODER

**MANAGER**

**04/30/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date