

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000361036

Entity Name: GALE 5, LLC

Current Principal Place of Business:

2809 SW 145 CT
MIAMI, FL 33175

Current Mailing Address:

2809 SW 145 CT
MIAMI, FL 33175

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAREAGA, DIOSKORA
2809 SW 145 CT
MIAMI, FL 33175 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 AP
Name CAREAGA, DIOSKORA
Address 2809 SW 145 CT
City-State-Zip: MIAMI FL 33175

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: DIOSKORA CAREAGA

AP

04/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date