#### 2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002061

Entity Name: GALAXY CAPITAL RECOVERIES, LLC

**FILED** Jan 11, 2018 **Secretary of State** CC2284031965

### **Current Principal Place of Business:**

4730 SOUTH FORT APACHE ROAD

SUITE 300

LAS VEGAS, NV 89147

## **Current Mailing Address:**

4730 SOUTH FORT APACHE ROAD SUITE 300

LAS VEGAS, NV 89147 US

FEI Number: 26-2277473 Certificate of Status Desired: No

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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 **MEMBER** 

GALAXY SERVICING, INC. GALAXY CAPITAL SERVICING, LLC Name Name

4730 SOUTH FORT APACHE ROAD Address Address 4730 SOUTH FORT APACHE ROAD SUITE 300

SUITE 300

LAS VEGAS NV 89147 LAS VEGAS NV 89147 City-State-Zip: City-State-Zip:

Title **CEO OF MANAGER** Title **EVP OF MANAGER** HURT, KENNETH S HANNA, DARRELL T Name Name

4730 SOUTH FORT APACHE ROAD 4730 SOUTH FORT APACHE ROAD Address Address

SUITE 300 SUITE 300

LAS VEGAS NV 89147 LAS VEGAS NV 89147 City-State-Zip: 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.

Electronic Signature of Signing Authorized Person(s) Detail