

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000008043

1. Entity Name
GALINDO REALTY, L.L.C.



Principal Place of Business
**699 SOUTH FEDERAL HWY
HOLLYWOOD FL 33020**

Mailing Address
**699 SOUTH FEDERAL HWY
HOLLYWOOD FL 33020**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
52-2271028

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALINDO, HAYDEE
699 S. FEDERAL HWY
HOLLYWOOD FL 33020**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GALINDO, HAYDEE
699 S. FEDERAL HWY
HOLLYWOOD FL 33020**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**U000000423623
02/18/06-80018-001 50.00**

☐ Change ☐ Add

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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GALINDO, HAYDEE A
699 S FEDERAL HWY
HOLLYWOOD FL 33020**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Haydee Galindo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/30/06 9549290
Date Daytime Phone #