

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 100000014957

1. Entity Name

GALENOS INT., LLC

REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 17 PM 3:27

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11351 NW 71 Street

3. Mailing Address

11351 NW 71 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1099076

Applied For

Not Applicable

Zip

33178

Country

U.S.

Zip

33178

Country

U.S.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lidy Hernandez

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

11351 NW 71 Street

City

Miami

FL

Zip Code

33178

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IN THIS SPACE**

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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

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****200.00 ****200.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

Member

Lidy Hernandez

STREET ADDRESS

11351 NW 71 Street

CITY-ST-ZIP

Miami, FL 33178

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

Member

Galenus 2000

STREET ADDRESS

c/o Lidy Hernandez

CITY-ST-ZIP

11351 NW 71 Street

Miami, FL 33178

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Division Number