

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90688 041 ****50.00

DOCUMENT # **L01000015764**

1. Entity Name

GALLE DESIGNS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10 VENETIAN WAY

3. Mailing Address

10 VENETIAN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1002

1002

City & State

City & State

MIAMI BEACH FL

MIAMI BEACH FL

Zip

Country

Zip

Country

33139

USA

33139

4. FEI Number

65-1137536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CARLO GAMBINO

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

10 VENETIAN WAY #1002

City

MIAMI BEACH

FL

Zip Code **33139**

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 **CARLO GAMBINO**

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

3/13/03

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

MEM

NAME

CARLO GAMBINO

STREET ADDRESS

10 VENETIAN WAY #1002

CITY-ST-ZIP

MIAMI BEACH, FL 33139

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

MBR

NAME

DAMIAN GAMBINO

STREET ADDRESS

10 VENETIAN WAY #1002

CITY-ST-ZIP

MIAMI BEACH, FL 33139

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

CARLO GAMBINO

3/13/03

305-467-1677

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

Date

Daytime Phone #