

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

03-26-2003 90045 026 ****50.00

DOCUMENT # L01000022154



1. Entity Name
GALEY ACQUISITIONS, LLC

Principal Place of Business
**3043 FOLEY DR
TALLAHASSEE FL 32309**

Mailing Address
**3043 FOLEY DR
TALLAHASSEE FL 32309**

55026524

2. Principal Place of Business
**2681 MILLSTONE PT. RD
TALLAHASSEE, FL 32312**
Suite, Apt. #, etc.

3. Mailing Address
**2681 MILLSTONE PT. RD.
TALLAHASSEE, FL 32312**
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
TALLAHASSEE, FL
Zip
32312
Country
US

City & State
TALLAHASSEE, FL
Zip
32312
Country
US

4. FEI Number
43-1999140

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GALEY, ROMAN
3043 FOLEY DR
TALLAHASSEE FL 32309**

7. Name and Address of New Registered Agent

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, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME **ROMAN GALEY - MANAGING MEMBER** ☐ Delete
STREET ADDRESS **2681 MILLSTONE PT. RD.**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE
NAME **LESLIE GALEY - MANAGING MEMBER** ☐ Delete
STREET ADDRESS **2681 MILLSTONE PT. RD.**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

2/20/03 (820) 893-9993
Date Daytime Phone #

CR2E083 (10/02)