


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 09, 2005 8:00 am
Secretary of State

02-15-2005 90049 021 ****50.00

DOCUMENT # L03000032545 1. Entity Name GALENA PROPERTIES, LLC					
Principal Place of Business 1713 LONG STREET CLEARWATER FL 33755			Mailing Address 1713 LONG STREET CLEARWATER FL 33755 <i>C/O TONI BRAY</i>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1603 Bonair st Suite, Apt. #, etc.			
City & State Zip		City & State Clearwater, FL Zip 33755		4. FEI Number 20-0186757	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAY, TONI 1603 BONAIR ST CLEARWATER FL 33755				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NEWMAN, JAMES E.H. 1713 LONG STREET CLEARWATER FL 33755 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 _____ Daytime Phone # _____	

ATTACHMENT
30010529

Hello,

#L03000032545

This form needed to be signed by James Newman and therefore was not a complete annual report. Here is his signature. You have on file the \$50.00 filing fee.

The new mailing address for Galena Properties, LLC is on written in on the form. Please make the change.

Thank you.

Toni Bray, Registered Agent