

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017606

Entity Name: GALVIN ENTERPRISES L.L.C.

FILED  
Jan 27, 2009  
Secretary of State

**Current Principal Place of Business:**

2751 MOODY BLVD  
FLAGLER BEACH, FL 32136

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 350734  
PALM COAST, FL 32135

**New Mailing Address:**

FEI Number: 30-0216395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAVALIERE, PETER  
4 CENTER PLACE  
PALM COAST, FL 32317 US

**Name and Address of New Registered Agent:**

ALL FLORIDA FIRM, INC  
813 DELTONA BLVD STE A  
BOX 1384535  
DELTONA, FL 32725 US

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: CHRISTINA CLARK FOR ALL FLORIDA FIRM, INC

01/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GALVIN, DALE C  
Address: 4 ROCKING HORSE DR.  
City-St-Zip: PALM COAST, FL 32164

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: GALVIN, DALE C  
Address: PO BOX 350734  
City-St-Zip: PALM COAST, FL 32135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTINA CLARK FOR DALE C GALVIN

P

01/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date