

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90442 023 ****55.00

DOCUMENT # L04000033641

1. Entity Name

GALAXY REALTY LLC



Principal Place of Business

12553 SPRING HILL DR
SPRING HILL FL 34609
US

Mailing Address

12553 SPRING HILL DR
SPRING HILL FL 34609
US



2. Principal Place of Business - No P.O. Box #

13003
Suite, Apt. #, etc.
Spring Hill Drive
City & State
Spring Hill, FL
Zip
34609
Country
USA

3. Mailing Address

1300 11534
Suite, Apt. #, etc.
Spring Hill Dr.
City & State
Spring Hill, FL
Zip
34609
Country
USA

1st MOORE

CR2E083 (10/06)

4. FEI Number
20-1076233

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STUDER, JACQUELINE
12553 SPRING HILL DR
SPRING HILL FL 34609

7. Name and Address of New Registered Agent

Name
Jacqueline Studer
Street Address (P.O. Box Number is Not Acceptable)
11534 Spring Hill Dr.
City
Spring Hill
FL
Zip Code
34609

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

Jacqueline L Studer

Signature, title or printed name of registered agent and (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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	STUDER, JACQUELINE	
STREET ADDRESS	12553 SPRING HILL DR	
CITY - ST - ZIP	SPRING HILL FL 34609	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	STUDER, JACQUELINE L PRESIDE	
STREET ADDRESS	12553 SPRING HILL DR	
CITY - ST - ZIP	SPRING HILL FL 34609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacqueline Studer	
STREET ADDRESS	13003 Spring Hill Drive	
CITY - ST - ZIP	Spring Hill, FL 34609	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13003 Spring Hill Drive	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

City/Time Phone #

Jacqueline L Studer March 20, 2007