

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000074103

1. Entity Name
GALIA, LLC



Principal Place of Business
**11281 INTERCHANGE CIRCLE
MIRAMAR, FL 33025**

Mailing Address
**11281 INTERCHANGE CIRCLE
MIRAMAR, FL 33025**



03082006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0947028

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEDER, STEPHEN
11281 INTERCHANGE CIRCLE
MIRAMAR, FL 33025**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000000461403
03/23/06-80009-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BEDER, STEPHEN
11281 INTERCHANGE CIRCLE
MIRAMAR, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ARIAS NOGUEIRA, PEDRO
11281 INTERCHANGE CIRCLE
MIRAMAR, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ARIAS NOGUEIRA, MANUEL
11281 INTERCHANGE CIRCLE
MIRAMAR, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ARIAS NOGUEIRA, SONIA
11281 INTERCHANGE CIRCLE
MIRAMAR, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

3/6/06

Date

305-206-1982

Daytime Phone #