


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000074103**


1. Entity Name  
**GALIA, LLC**



Principal Place of Business      Mailing Address

11281 INTERCHANGE CIRCLE      11281 INTERCHANGE CIRCLE  
 MIRAMAR, FL 33025              MIRAMAR, FL 33025

**DO NOT WRITE IN THIS SPACE**



01062007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>47-0947028</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**


**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	

U00000583343  
 01/11/07-80066-018 50.00

**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:**       **1/9/07**      **305-206-1982**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #