

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000015750

1. Entity Name
GALPIN PROPERTIES, L.L.C.



Principal Place of Business
553 SOUTH DUNCAN AVENUE
CLEARWATER, FL 33756

Mailing Address
553 SOUTH DUNCAN AVENUE
CLEARWATER, FL 33756

FILED
Feb 05, 2007 08:00 AM
Secretary of State



01232007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
59-4401476

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JULIA GALPINCONTELLA
553 SOUTH DUNCAN AVENUE
CLEARWATER, FL 33756

**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

Julia Galpin Contella

1-24-07

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GALPIN CONTELLA, JULIA
553 SOUTH DUNCAN AVENUE
CLEARWATER, FL 33756

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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02/12/07-80017-017 50.00

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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:

Julia Galpin Contella

1-23-2007 721-446-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #