

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 13, 2008 08:00 AM
Secretary of State

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



01032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

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

U000000826394
02/21/08-80048-002 138.75

**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:

Julia E Galpin

1-6-08 727-417-0484

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

Date

Daytime Phone #