

LD5000112854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Gentry JUN 19 2009

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GALYS INVESTMENTS, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lysis G. Castro, member manager  
Name of Person

Galys Investments, LLC  
Firm/Company

11522 SW 100<sup>th</sup> Avenue  
Address

Miami, FL 33176  
City/State and Zip Code

lysisgalnares@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lysis G. Castro at (305) 4332386  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

\* \$35 dollars previously sent- see your letter



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2009

LYSIS G. CASTRO  
11522 SW 100TH AVENUE  
MIAMI, FL 33176

SUBJECT: GALYS INVESTMENTS, LLC  
Ref. Number: L05000112854

We have received your document for GALYS INVESTMENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 209A00018133

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Galys Investments, LLC

2. (a) Principal office address of limited liability company:



(Note: **MUST BE STREET ADDRESS**)

11522 SW 100th Ave  
Miami, FL 33186

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

NOV. 22, 2005

3. Date of filing/registration in Florida

4. Document number

L0500011

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Agents and Corporations, Inc.

Registered Office Address:

Suite E 773 4th Ave North  
Naples, FL 34102

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

Marleen Escalante

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

194 SW Boudhouse Ct  
Fort White, FL 32038  
, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Lysis G. Castro - Member Manager

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00