

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 14, 2007 8:00 am
Secretary of State

04-17-2007 90250 006 ****55.00

30007030



1st MOORE CR2E083 (10/06)

DOCUMENT # L06000000959 1. Entity Name A.N. GALEA LLC					
Principal Place of Business PO BOX 3319 SARASOTA FL 34230			Mailing Address PO BOX 3319 SARASOTA FL 34230		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-4030914	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GALEA, ANTHONY 5297 CREEKSIDE TRAIL SARASOTA FL 34243 5297 Creekside Tr. Sarasota FL 34243			7. Name and Address of New Registered Agent Name Galea Anthony Street Address (P.O. Box Number is Not Acceptable) 11626 Vista Royal Dr. City Hudson FL 34667		
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 re-stating) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	PO BOX 3319		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA FL 34230		CITY - ST - ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	PO BOX 3319		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA FL 34230		CITY - ST - ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Anthony Galea</u> ANTHONY GALEA <u>4/9/07</u> <u>727.819.0217</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Device Phone					