

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 14, 2008 08:00 AM
Secretary of State**

DOCUMENT # L06000003528

1. Entity Name
GALLOWAY LANDHOLDING LLC



Principal Place of Business

**ATTN: ROBERT A. PUIG, M.D., MANAGER
7265 SW 93RD AVENUE, STE 201
MIAMI, FL 33137**

Mailing Address

**ATTN: ROBERT A. PUIG, M.D., MANAGER
7265 SW 93RD AVENUE, STE 201
MIAMI, FL 33137**



01102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3932891

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PUIG, ROBERT A M.D.
7265 SW 93RD AVENUE, STE 201
MIAMI, FL 33137**

**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 fee 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**

**U000000781889
01/15/08-80052-012 138.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
PUIG, ROBERT A
7265 SW 93 AVE., STE 201
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
GOMEZ, COSME
7265 SW 93 AVE., STE 201
MIAMI, FL 33193**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**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:

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

DATE

Daytime Phone #

305-637-3714