

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90351 037 \*\*\*\*50.00

**DOCUMENT # L06000022184**

1. Entity Name  
**GALVANO GROUP, LLC**



Principal Place of Business  
**27911 CROWN LAKE BOULEVARD  
SUITE 104  
BONITA SPRINGS, FL 34135 US**

Mailing Address  
**27911 CROWN LAKE BOULEVARD  
SUITE 104  
BONITA SPRINGS, FL 34135 US**



01052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4398504**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GALVANO, RICHARD D  
27911 CROWN LAKE BOULEVARD  
SUITE 104  
BONITA SPRINGS, FL 34135**

**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

*Richard Galvano*  
**RICHARD GALVANO**

*4-27-7*  
**4-27-7**

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	MGRM
NAME	GALVANO, RICHARD D
STREET ADDRESS	27911 CROWN LAKE BOULEVARD, SUITE 104
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	MGRM
NAME	GALVANO, ROBIN R
STREET ADDRESS	27911 CROWN LAKE BOULEVARD
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
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:**

*Richard Galvano*  
**RICHARD GALVANO**

*4-27-7*  
**4-27-7**

*239-707-9803*  
**239-707-9803**

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

Date

Daytime Phone #