


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

02-23-2007 90209 024 ****50.00

DOCUMENT # L06000105458 1. Entity Name GALRON PROPERTIES LLC																																																												
Principal Place of Business 10170 NW 47 STREET SUNRISE FL 33351			Mailing Address 10170 NW 47 STREET SUNRISE FL 33351																																																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																										
City & State		City & State																																																										
Zip	Country	Zip	Country																																																									
4. FEI Number <i>APPLIED FOR</i>				Applied For <input type="checkbox"/> Not Applicable																																																								
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required																																																								
6. Name and Address of Current Registered Agent YUZEVICH, RONEN 10170 NW 47 STREET SUNRISE FL 33351			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																									
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 the registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>[Signature]</i> <small>Signature typed or printed name of registered agent and state if applicable</small> </div> <div style="width: 20%; text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 </div> <div style="width: 40%; text-align: right;"> DATE <i>2/13/07</i> <small>DATE</small> </div> </div>																																																												
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">TITLE</th> <th style="width: 70%;">NAME</th> <th style="width: 20%;">Delete</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>YUZEVICH, RONEN</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">CITY - ST - ZIP</td> </tr> <tr> <td colspan="3">10170 NW 47 ST SUNRISE FL 33351</td> </tr> </tbody> </table> </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">TITLE</th> <th style="width: 70%;">NAME</th> <th style="width: 20%;">Delete</th> <th style="width: 10%;">Change</th> <th style="width: 10%;">Addition</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> </div> </div>						TITLE	NAME	Delete	MGR	YUZEVICH, RONEN	<input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			10170 NW 47 ST SUNRISE FL 33351			TITLE	NAME	Delete	Change	Addition			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 20%; text-align: center;"> <i>Ronen yuzevich</i> <small>Date</small> </div> <div style="width: 40%; text-align: right;"> <i>2/13/07</i> <small>Daytime Phone #</small> </div> </div>																																																												