

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90096 032 \*\*\*138.75

**DOCUMENT # L07000052365**

1. Entity Name  
**GALLE ACCOUNTING SERVICES, LLC**



Principal Place of Business  
**4874 SOUTH CONWAY ROAD  
UNIT 99  
ORLANDO, FL 32812 US**

Mailing Address  
**4874 SOUTH CONWAY ROAD  
UNIT 99  
ORLANDO, FL 32812 US**

**60006793**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232008 Chg-LLC CR2E083 (12/06)

4. FEI Number

**26-0183223**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENNETT, JESSICA L  
4874 SOUTH CONWAY ROAD  
UNIT 99  
ORLANDO, FL 32812**

Name **Jessica Galle**

Street Address (P.O. Box Number is Not Acceptable)

**same**

City

**FL**

Zip Code

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

*Jessica Galle*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/23/08**

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **BENNETT, JESSICA L**  
STREET ADDRESS **4874 SOUTH CONWAY ROAD UNIT 99**  
CITY - ST - ZIP **ORLANDO, FL 32812**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME **GALLE, JESSICA L**  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:

*Jessica Galle*

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

**1/23/08 (407) 491-6878**

Date

Daytime Phone #