

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000079953

Entity Name: SOUTH POINT GALT, LLC

FILED  
May 01, 2012  
Secretary of State

**Current Principal Place of Business:**

3400 GALT OCEAN DR  
1601-S  
FT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

169 EAST FLAGLER STREET  
800  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 45-1263167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAFI, MARIO  
3400 GALT OCEAN DR  
1601-S  
FT LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SAFI, MARIO  
Address: 3400 GALT OCEAN DR  
City-St-Zip: FT LAUDERDALE, FL 33038

Title: MGRM  
Name: SAFI, ALEXANDRA  
Address: 3400 GALT OCEAN DR  
City-St-Zip: FT LAUDERDALE, FL 33038

Title: MGRM  
Name: SAFI, PABLO  
Address: 3400 GALT OCEAN DR  
City-St-Zip: FT LAUDERDALE, FL 33038

Title: MGRM  
Name: SAFI, JOANNA  
Address: 3400 GALT OCEAN DR  
City-St-Zip: FT LAUDERDALE, FL 33038

Title: MGRM  
Name: SAFI, VALENTINA  
Address: 3400 GALT OCEAN DR  
City-St-Zip: FT LAUDERDALE, FL 33038

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MARIO SAFI

MGRM

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date