

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000139513

Entity Name: SGALIT LLC

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5300 WEST ATLANTIC AVE  
SUITE 505  
DELRAY BEACH, FL 33484 US

**New Principal Place of Business:**

**Current Mailing Address:**

5300 WEST ATLANTIC AVE  
SUITE 505  
DELRAY BEACH, FL 33484 US

**New Mailing Address:**

12409 ROCKLEDGE CIRCLE  
BOCA RATON, FL 33428

FEI Number: 45-4036662

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GARBY, SHLOMO  
5300 WEST ATLANTIC AVE  
SUITE 505  
DELRAY BEACH, FL 33484 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: GARBY, SHLOMO  
Address: 5300 WEST ATLANTIC AVE SUITE 505  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: MGRM  
Name: ELGAZA, SGALIT  
Address: 12409 ROCKLEDGE CIRCLE  
City-St-Zip: BOCA RATON, FL 33428 US

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: SHLOMO GARBY

MGR

01/31/2012

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