

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90096 001 \*\*\*900.00

**DOCUMENT # L99000002473**

1. Entity Name  
**GALAXY TECHNICAL ASSOCIATES LLC**



Principal Place of Business  
**1333 N. DUVAL ST.  
TALLAHASSEE, FL 32302**

Mailing Address  
**1333 N. DUVAL ST.  
TALLAHASSEE, FL 32302**

2. Principal Place of Business  
**Ch. De Boveresses 132**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.



04282004 Chg-LLC CR2E083 (10/03)

City & State  
**EsPalinges**

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip  
**1066** Country  
**Switzerland**

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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

**FLORIDA FILING & SEARCH SERVICES, INC.  
1333 N. DUVAL ST.  
TALLAHASSEE, FL 32302**

**7. Name and Address of New Registered Agent**

Name

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

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

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, 2004**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DEMAUREX, PATRICK LAUREN  
CH. DE FORNET 14  
1112 ECHICHENS SWITZERLAND.** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DEMAUREX, ALFRED PHILIPP  
CH. DE BOVERESSES 132  
106 EPALINGES SWITZERLAND.** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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TITLE  
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CITY-ST-ZIP  
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**10. ADDITIONS/CHANGES**

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

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

**Janet M. Caruccio**  
**Auth rep**

**4-28-04**

Date

**302-421-5750**

Daytime Phone #