

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90172 001 ***750.00

DOCUMENT # L99000002473

1. Entity Name

GALAXY TECHNICAL ASSOCIATES LLC



Principal Place of Business

CHI DE BORERESSES 132
ESPALINGES, SZ 1066

Mailing Address

1333 N. DUVAL ST.
TALLAHASSEE, FL 32302

00004403



03032005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 OR AUTHORIZED REPRESENTATIVE

Janet M. Caruccio

4-21-05

302-421-5750

Date

Daytime Phone #