

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000000288

**Entity Name:** GALLOWAY CENTER, LLC

**Current Principal Place of Business:**

7235 CORAL WAY, SUITE 206  
MIAMI, FL 33155

**Current Mailing Address:**

7235 CORAL WAY, SUITE 206  
MIAMI, FL 33155

**FEI Number: 06-1832274**

**Certificate of Status Desired: No**

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

FRAGA, LUCY C  
7235 CORAL WAY, SUITE 206  
MIAMI, FL 33155 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name FRAGA, LUCY  
Address 7235 CORAL WAY, SUITE 206  
City-State-Zip: MIAMI FL 33155

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LUCY FRAGA**

**MANAGER**

**04/03/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date