

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000047223

**Entity Name:** GALLOWAY ACCOUNTING ASSOCIATES LLC

**Current Principal Place of Business:**

6401 SW 87TH AVENUE  
SUITE 114  
MIAMI, FL 33173

**FILED**  
**Mar 20, 2016**  
**Secretary of State**  
**CC4545103473**

**Current Mailing Address:**

6401 SW 87TH AVENUE  
SUITE 210  
MIAMI, FL 33173 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

CRANSHAW, WILLIAM R  
6401 SW 87TH AVENUE  
SUITE 114  
MIAMI, FL 33173 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 MGRM  
Name CRANSHAW, WILLIAM R  
Address 6401 SW 87TH AVENUE, SUITE 114  
City-State-Zip: MIAMI FL 33173

Title MGRM  
Name SARKISSIAN, VAUGHN M  
Address 6401 SW87TH AVENUE, SUITE 114  
City-State-Zip: MIAMI FL 33173

Title MGRM  
Name BARROW, MICHAEL A  
Address 6401 SW 87TH AVENUE, SUITE 114  
City-State-Zip: MIAMI FL 33173

*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: WILLIAM R CRANSHAW**

**MGRM**

**03/20/2016**

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

\_\_\_\_\_  
Date