

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000130727

**Entity Name:** GALRI, LLC

**Current Principal Place of Business:**

16850-112 COLLINS AVENUE, SUITE 103  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

16850-112 COLLINS AVENUE, SUITE 103  
SUNNY ISLES, FL 33160

**FEI Number:** 42-1773446

**Certificate of Status Desired:** Yes

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

DAN, LEVINSON  
17555 COLLINS AVE  
APT 506  
SUNNY ISLES BEACH, FL 33160 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 LEVINSON, DAN  
Address 16850-112 COLLINS AVENUE, SUITE  
103  
City-State-Zip: SUNNY ISLES FL 33160

*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:** DAN LEVINSON

**MANAGER**

**01/07/2015**

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

\_\_\_\_\_ Date