

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000059784

Entity Name: GALAXY OF SAINT AUGUSTINE, LLC**Current Principal Place of Business:**2535 US HIGHWAY 1 SOUTH
SAINT AUGUSTINE, FL 32086-6190**Current Mailing Address:**405 LABARRE CT
JACKSONVILLE, FL 32259 US**FEI Number:** 45-2390421**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALI, MUHAMMAD M
405 LABARRE CT
JACKSONVILLE, FL 32259 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 ALI, SYED W
Address 804 BRANDYWINE COURT
City-State-Zip: SAINT AUGUSTINE FL 32086-4307

Title MGRM
Name KAULAB, GHEZALA
Address 804 BRANDYWINE COURT
City-State-Zip: SAINT AUGUSTINE FL 32086-4307

Title MGRM
Name MOHAMMED, TOUHEED
Address 13116 HIGHLAND GLEN WAY EAST
City-State-Zip: JACKSONVILLE FL 32224-1613

Title MGRM
Name SIDDIQUI, TEHMINA
Address 13116 HIGHLAND GLEN WAY EAST
City-State-Zip: JACKSONVILLE FL 32224-1613

Title MGRM
Name ALI, MUHAMMAD M
Address 405 LABARRE COURT
City-State-Zip: JACKSONVILLE FL 32259-4024

Title MGRM
Name ALI, LAEEQUA
Address 405 LABARRE COURT
City-State-Zip: JACKSONVILLE FL 32259-4024

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: MUHAMMAD ALI

MD

02/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date