

2015 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:**275 GARDINERS BAY DR
PONTE VEDRA, FL 32081 US**FEI Number:** 45-2390421**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALI, MUHAMMAD M
275 GARDINERS BAY DR
PONTE VEDRA, FL 32081 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	1424 NORTH LOOP PKWY
City-State-Zip:	SAINT AUGUSTINE FL 32095

Title	MGRM
Name	KAULAB, GHEZALA
Address	1424 NORTH LOOP PKWY
City-State-Zip:	SAINT AUGUSTINE FL 32095

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	275 GARDINERS BAY DR
City-State-Zip:	PONTE VEDRA FL 32081

Title	MGRM
Name	ALI, LAEEQUA
Address	275 GARDINERS BAY DR
City-State-Zip:	PONTE VEDRA FL 32081

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****01/10/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date