#### 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000055506

**Entity Name: GALLOWAY PARTNERS LLC** 

# **Current Principal Place of Business:**

351 NW 42 AVENUE SUITE 600 MIAMI, FL 33126

# **Current Mailing Address:**

PO BOX 330044 MIAMI, FL 33233

FEI Number: 45-5243440 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MARTINI, GREGORY T 2655 LEJEUNE ROAD 1101 CORAL GABLES, FL 33134 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

**FILED** Jan 20, 2014

**Secretary of State** 

CC8726844478

## Authorized Person(s) Detail:

Title MGR

BOLOOKI, HAMID Name

351 NW 42 AVE, SUITE 600 Address

City-State-Zip: MIAMI FL 33126

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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail