

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000033723

Entity Name: GALAXY MEDICAL ENTERPRISES, LLC.

Current Principal Place of Business:

12131 MONTALCINO CIRCLE
WINDERMERE, FL 34786

Current Mailing Address:

12131 MONTALCINO CIRCLE
WINDERMERE, FL 34786 US

FEI Number: 47-2931240

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CEPEDA ARCINIEGAS, GONZALO
12131 MONTALCINO CIRCLE
WINDERMERE, FL 34786 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 CEPEDA ARCINIEGAS, GONZALO
Address 12131 MONTALCINO CIRCLE
City-State-Zip: WINDERMERE FL 34786

Title MGR
Name CARDONA OSPINA, MARIA C
Address 12131 MONTALCINO CIRCLE
City-State-Zip: WINDERMERE FL 34786

Title MGR
Name CEPEDA CARDONA, GONZALO A
Address 12131 MONTALCINO CIRCLE
City-State-Zip: WINDERMERE FL 34786

Title MGR
Name CEPEDA CARDONA, JUAN C
Address 12131 MONTALCINO CIRCLE
City-State-Zip: WINDERMERE FL 34786

Title MGR
Name CEPEDA CARDONA, NORMA J
Address 12131 MONTALCINO CIRCLE
City-State-Zip: WINDERMERE FL 34786

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: GONZALO CEPEDA ARCINIEGAS

MGR

01/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date