

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000033723

Entity Name: GALAXY MEDICAL ENTERPRISES, LLC.**Current Principal Place of Business:**12132 MONTALCINO CIRCLE
WINDERMERE, FL 34786**Current Mailing Address:**12132 MONTALCINO CIRCLE
WINDERMERE, FL 34786 US**FEI Number:** 47-2931240**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARDONA OSPINA , MARIA C
12132 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:** MARIA C. CARDONA OSPINA

01/17/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name CARDONA OSPINA, MARIA C
Address 12132 MONTALCINO CIRCLE
City-State-Zip: WINDERMERE FL 34786

Title AMBR
Name CEPEDA CARDONA, GONZALO A
Address 12132 MONTALCINO CIRCLE
City-State-Zip: WINDERMERE FL 34786

Title AMBR
Name CEPEDA CARDONA, JUAN D
Address 12132 MONTALCINO CIRCLE
City-State-Zip: WINDERMERE FL 34786

Title AMBR
Name CEPEDA CARDONA, NORMA J
Address 12132 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: MARIA C. CARDONA OSPINA

AMBR

01/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date