

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000227189

**Entity Name:** GALIL 403 LLC

**Current Principal Place of Business:**

1236 DREXEL AV  
UNIT 2  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

VIVIES GANEM CPA  
4000 HOLLYWOOD BLVD SUITE 285-S  
HOLLYWOOD, FL 33021 US

**FEI Number:** 83-1671639

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VIVIES GANEM CPA  
VIVIES GANEM CPA  
4000 HOLLYWOOD BLVD SUITE 285-S  
HOLLYWOOD, FL 33021 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:** FABRICE MARMOUSEZ

01/29/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KLEINSINGER, ALAIN  
Address 1236 DREXEL AVE, UNIT 2  
APT 2  
City-State-Zip: MIAMI BEACH FL 33139

Title AUTHORIZED REPRESENTATIVE  
Name KLEINSINGER, ROBIN  
Address 821 COLLINS AVE #403  
City-State-Zip: MIAMI BEACH FL 33139

*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:** ALAIN KLEINSINGER

MGR

01/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date