

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000245280

Entity Name: GALPOX LLC

Current Principal Place of Business:

80 SW 8 ST
SUITE 2000
MIAMI, FL 33130

Current Mailing Address:

80 SW 8 ST
SUITE 2000
MIAMI, FL 33130 US

FEI Number: 82-3586354

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRUTOS, KABIR
8360 W FLAGLER ST
SUITE 200
MIAMI, FL 33144 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 POUS RIVERO, HECTOR
Address 495 BRICKELL AVE
APT 2019
City-State-Zip: MIAMI FL 33131

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: POUS RIVERO , HECTOR

MGR

04/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date