

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000161411

**Entity Name:** GALLOWAY BUSINESS GROUP, L.L.C.

**Current Principal Place of Business:**

917 SHORELINE CIRCLE  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

917 SHORELINE CIRCLE  
PONTE VEDRA BEACH, FL 32082 US

**FEI Number:** 83-1126735

**Certificate of Status Desired:** No

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

GALLOWAY, JAMES A  
917 SHORELINE CIRCLE  
PONTE VEDRA BEACH, FL 32082 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	AMBR	Title	AMBR
Name	GALLOWAY, JAMES A	Name	GALLOWAY, CAROL M
Address	917 SHORELINE CIRCLE	Address	1031 1ST S., #1204
City-State-Zip:	PONTE VEDRA BEACH FL 32082	City-State-Zip:	JACKSONVILLE BEACH FL 32250

*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:** JAMES AUSTIN GALLOWAY

**OWNER**

**03/16/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date