

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000257326

**Entity Name:** GALCO SERVICES USA LLC

**Current Principal Place of Business:**

19370 COLLINS AVE  
APT 1509  
SUNNY ISLE , FL 33160

**Current Mailing Address:**

19370 COLLINS AVE  
APT 1509  
SUNNY ISLE , FL 33160 US

**FEI Number:** 35-2645756

**Certificate of Status Desired:** No

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

COHEN, GAL  
19370 COLLINS AVE  
APT 1509  
SUNNY ISLE , FL 33160 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           MANAGER  
Name           COHEN, GAL  
Address        19370 COLLINS AVE  
                  APT 1509  
City-State-Zip: SUNNY ISLE FL 33160

*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:** GAL COHEN

**PRESIDENT**

**02/02/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date