

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000016614

**FILED**  
**Feb 05, 2020**  
**Secretary of State**  
**1390792102CC**

**Entity Name:** GALANTI FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

4425 SE WATERFORD DR  
STUART, FL 34997

**Current Mailing Address:**

4425 SE WATERFORD DR  
STUART, FL 34997 US

**FEI Number: 83-3270882**

**Certificate of Status Desired: No**

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

GALANTI, LEO F  
4425 SE WATERFORD DR  
STUART, FL 34997 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  
Name            GALANTI, LEO F  
Address        4425 SE WATERFORD DR  
City-State-Zip: STUART FL 34997

Title            MGR  
Name            GALANTI, LEO F  
Address        4425 SE WATERFORD DR  
City-State-Zip: STUART FL 34997

Title            AMBR  
Name            GALANTI, AURORA  
Address        4425 SE WATERFORD DR  
City-State-Zip: STUART FL 34997

*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: LEO GALANTI**

**AMBR**

**02/05/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date