

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000031821

Entity Name: GALAXY CON LOUISVILLE LLC

Current Principal Place of Business:

5300 NW 12TH AVE
UNIT 2
FORT LAUDERDALE, FL 33309

Current Mailing Address:

5300 NW 12TH AVE
UNIT 2
FORT LAUDERDALE, FL 33309

FEI Number: 83-1603970

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALAXY CON LLC
5300 NW 12TH AVE
UNIT 2
FORT LAUDERDALE, FL 33309 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 MBR
Name GALAXY CON LLC
Address 5300 NW 12TH AVE, UNIT 2
City-State-Zip: FORT LAUDERDALE FL 33309

Title AP
Name BRODER, MICHAEL S
Address 5300 NW 12TH AVE, UNIT 2
City-State-Zip: FORT LAUDERDALE FL 33309

Title AP
Name MARTIN, SANDRA L
Address 5300 NW 12TH AVE, UNIT 2
City-State-Zip: FORT LAUDERDALE FL 33309

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: MICHAEL BRODER

MANAGER

01/31/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date