

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000004590

**Entity Name:** GALAXY ASSET PURCHASING, LLC

**Current Principal Place of Business:**

4730 SOUTH FORT APACHE ROAD  
SUITE 300  
LAS VEGAS, NV 89147

**Current Mailing Address:**

4730 SOUTH FORT APACHE ROAD  
SUITE 300  
LAS VEGAS, NV 89147 US

**FEI Number:** 26-2161473

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           GALAXY CAPITAL, INC.  
Address        4730 SOUTH FORT APACHE ROAD  
                  SUITE 300  
City-State-Zip: LAS VEGAS NV 89147

Title           MEMBER  
Name           GALAXY CAPITAL ACQUISITIONS, LLC  
Address        4730 SOUTH FORT APACHE ROAD  
                  SUITE 300  
City-State-Zip: LAS VEGAS NV 89147

Title           CEO OF MANAGER  
Name           HANNA, DARRELL T  
Address        4730 SOUTH FORT APACHE ROAD  
                  SUITE 300  
City-State-Zip: LAS VEGAS NV 89147

Title           EVP OF MANAGER  
Name           HURT, KENNETH S  
Address        4730 SOUTH FORT APACHE ROAD  
                  SUITE 300  
City-State-Zip: LAS VEGAS NV 89147

*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:** KENNETH S. HURT

**EVP OF MANAGER**

**01/11/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date