

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 07, 2008 08:00 A  
Secretary of State

DOCUMENT # L01000014692

1. Entity Name  
PALMETTO VILLAGE LLC



Principal Place of Business

C/O ISRAM REALTY & MANAGEMENT, INC.  
506 SOUTH DIXIES HIGHWAY  
HALLANDALE, FL 33009

Mailing Address

C/O ISRAM REALTY & MANAGEMENT, INC.  
506 SOUTH DIXIES HIGHWAY  
HALLANDALE, FL 33009



02222008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1139597

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARCUS, ALAN J  
20803 BISCAYNE BOULEVARD, SUITE 301  
AVENTURA, FL 33180

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000882671  
04/16/08-80051-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SHAUL, RICKMAN  
506 SO. DIXIE HWY  
HALLANDALE, FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Shaul Rickman

4/01/08

(954) 455-2822