2008 LIMITED LIABILITY COMPANY. ANNUAL REPORT



FILED

May 05, 2008 8:00 am Secretary of State

05-05-2008 90030 014 ***150.00 DOCUMENT # L05000070685 PALMIRA INVESTMENTS GROUP, LLC 60038788 Principal Place of Business Mailing Address 1690 VICTORIA POINTE CIRCLE 1690 VICTORIA POINTE CIRCLE WESTON, FL 33327 WESTON, FL 33327 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312008 Chg-LLC CR2E083 (12/06) Applied For 4 FEL Number City & State City & State 20-3175632 Not Applicable Country \$5.00 Additional Zio Country 5. Certificate of Status Desired Fee Required ~ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOPEZ, JOSE F Street Address (P.O. Box Number is Not Acceptable) 1690 VICTORIA POINTE CIR WESTON, FL 33327 Zip Code 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 lamiliar 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) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition MOTOA, JORGE E NAME NAME 1690 VICTORIA POINTE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-ZIP WESTON, FL 33327 MGRM ☐ Chance ☐ Addition Delete TITLE TITLE DE KURI, BETTY C NAME NAME STREET ADDRESS 1690 VICTORIA POINTE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON, FL 33327 ☐ Delete TITLE Change Addition TITLE YANGUAS, MARTHA L NAME 1690 VICTORIA POINTE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON, FL 33327 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information surphiled with this filing bloes 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 pecingar or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

NTED NAME OF SIGNING MAN

SIGNATURE: SIGNATURE AND TYPED OR PRI

TITLE

STREET ADDRESS

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Davime Phone

☐ Change

Addition