

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000077845

**Entity Name:** PALM VALLEY RENTALS, LLC**Current Principal Place of Business:**8200 N.W. 15TH PLACE  
GAINESVILLE, FL 32606**Current Mailing Address:**8200 N.W. 15TH PLACE  
GAINESVILLE, FL 32606**FEI Number:** 26-0610815**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WEINGART, BRECK A  
8200 N.W. 15TH PLACE  
GAINESVILLE, FL 32606 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 MR.  
Name WEINGART, BRECK A  
Address 8200 N.W. 15TH PLACE  
City-State-Zip: GAINESVILLE FL 32606

Title MR.  
Name CARLSON, JOHN V  
Address 8200 N.W. 15TH PLACE  
City-State-Zip: GAINESVILLE FL 32606

Title MANAGER  
Name MORESCHI, VINCENT  
Address 8200 N.W. 15TH PLACE  
City-State-Zip: GAINESVILLE FL 32606

Title MR.  
Name LESLIE, BRIAN K  
Address 8200 N.W. 15TH PLACE  
City-State-Zip: GAINESVILLE FL 32606

Title MANAGER  
Name MORGAN, JASON  
Address 8200 N.W. 15TH PLACE  
City-State-Zip: GAINESVILLE FL 32606

Title MANAGER  
Name WEBSTER, MATTHEW  
Address 8200 N.W. 15TH PLACE  
City-State-Zip: GAINESVILLE FL 32606

*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:** BRIAN K. LESLIE**MANAGER****01/09/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date