

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000128852

**Entity Name:** PALMAS 43047, LLC.

**Current Principal Place of Business:**

4304 PERSHING POINTE PLACE  
APT. #7  
ORLANDO, FL 32822

**Current Mailing Address:**

6499 NORTH POWERLINE ROAD #101  
FORT LAUDERDALE, FL 33309

**FEI Number:** 27-4296711

**Certificate of Status Desired:** No

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

VIP ACCOUNTING & BUSINESS CONSULTING, LLC.  
6499 N POWERLINE RD  
SUITE 101  
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 MGRM  
Name PYLE, SARAH M  
Address 48 CLYDE CRESCENT  
City-State-Zip: CHELMSFORD ESSEX CM1 2LL

*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:** PYLE , SARAH M

**MGR**

**02/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date