# 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L12000158155

Entity Name: PALM TOWERS DAVIE, LLC

#### **Current Principal Place of Business:**

1351 SAWGRASS CORPORATE PARKWAY SUITE 103 SUNRISE, FL 33323

## **Current Mailing Address:**

1351 SAWGRASS CORPORATE PARKWAY SUITE 103 SUNRISE, FL 33323

## FEI Number: 46-1633416

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

NUDELMAN, JOSEPH 1351 SAWGRASS CORPORATE PARKWAY SUITE 103 SUNRISE, FL 33323 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

#### Authorized Percen(c) Detail :

| Authorized Person(s) Detail : |   |                 |   |
|-------------------------------|---|-----------------|---|
| Title                         | MGR   | Title           | MGR   |
| Name                          | NUDELMAN, JOSEPH                              | Name            | NUDELMAN, NORMA                               |
| Address                       | 1351 SAWGRASS CORPORATE<br>PARKWAY, SUITE 103 | Address         | 1351 SAWGRASS CORPORATE<br>PARKWAY, SUITE 103 |
| City-State-Zip:               | SUNRISE FL 33323                              | City-State-Zip: | SUNRISE FL 33323                              |
| Title                         | MGR   |                 |   |
| Name                          | NUDELMAN, PAUL                                |                 |   |
| Address                       | 1351 SAWGRASS CORPORATE<br>PARKWAY, SUITE 103 |                 |   |
| City-State-Zip:               | SUNRISE FL 33323                              |                 |   |

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: NORMA NUDELMAN

MANAGER

02/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Feb 10, 2014 Secretary of State CC4710119173

Certificate of Status Desired: No