

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000038155

**Entity Name:** PALAFOX 108, LLC

**Current Principal Place of Business:**

114 1/2 PALAFOX PLACE  
APT #4  
PENSACOLA, FL 32502

**Current Mailing Address:**

POST OFFICE BOX 346  
PENSACOLA, FL 32591-0346

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

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

DUNLAP, DEBORAH  
114 1/2 PALAFOX PLACE  
APT #4  
PENSACOLA, FL 32502 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 MGR  
Name DEBORAH DUNLAP LIVING TRUST  
DATED MAY 16,  
Address 114 1/2 PALAFOX PLACE, APT. #4  
City-State-Zip: PENSACOLA FL 32502

*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: DEBORAH DUNLAP**

**MANAGER**

**03/27/2018**

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

\_\_\_\_\_  
Date