

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000039463

**Entity Name:** PALMS ONLY, LLC

**Current Principal Place of Business:**

417 OAK PLACE  
PORT ORANGE, FL 32127

**Current Mailing Address:**

P.O. BOX 4263  
ORMOND BEACH, FL 32175 US

**FEI Number: 81-1628587**

**Certificate of Status Desired: Yes**

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

LINTON, WILLIAM B  
417 OAK PLACE  
PORT ORANGE, FL 32127 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            AMBR  
Name            LINTON, WILLIAM B  
Address        101 CAROLYN TERRACE  
City-State-Zip: DAYTONA BEACH FL 32118

*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: WILLIAM B LINTON**

**OWNER**

**01/18/2020**

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

\_\_\_\_\_ Date