FILED
Mar 26, 2003 8:00 am
Secretary of State
03-26-2003 90048 013 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000290

1. Entity Name
PALMER FAMILY LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2440 ARABIAN TRAIL		2440 ARABIAN TRAIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ORMOND BEACH FL		City & State: ORMOND BEACH FL	
Zip: 32174	Country: USA	Zip: 32174-2550	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59 3637446 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ROBERT PALMER
Street Address (P.O. Box Number is Not Acceptable): 2440 ARABIAN TRAIL
City: ORMOND BEACH **FL** Zip Code: 32174

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGING MEMBER	TITLE	
NAME	ROBERT PALMER	NAME	
STREET ADDRESS	2440 ARABIAN TRAIL	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	FRANCES PALMER	NAME	
STREET ADDRESS	2440 ARABIAN TRAIL	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Robert Palmer ROBERT PALMER 3/24/03 386 6711572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #