

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90273 049 ****50.00

DOCUMENT # L00000000443

1. Entity Name

THE PALMIERS, LLC



Principal Place of Business

5970 NE 18TH AVE., #711
FORT LAUDERDALE FL 33334

Mailing Address

5970 NE 18TH AVE., #711
FORT LAUDERDALE FL 33334

2. Principal Place of Business

3. Mailing Address

437 Tamarind Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Hallandale Beach, FL

Zip

Country

Zip
33009

Country

USA

4. FEI Number

65-0990291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, THOMAS M
2400 EAST COMMERCIAL BLVD.
SUITE 820
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME ARDELEAN, GEORGE
STREET ADDRESS 2 CHIPPEWA COURT
CITY-ST-ZIP BURR RIDGE IL 60521

TITLE MGRM ☐ Delete
NAME ARDELEAN, LAURA
STREET ADDRESS 2 CHIPPEWA COURT
CITY-ST-ZIP BURR RIDGE IL 60521

TITLE P ☐ Delete
NAME ALBU, STEVEN S
STREET ADDRESS 484 HOLIDAY DRIVE
CITY-ST-ZIP HALLANDALE FL 33009

TITLE MGRM ☐ Delete
NAME ALBU, FELICIA
STREET ADDRESS 484 HOLIDAY DRIVE
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

PRESIDENT

Date

Daytime Phone #

3/16/04 954 270 5890