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DOCU 1. Entity Nam PALM CC	e	# LOOOC	0001204 H FLORIDA, LLC	ئې «سامه سام	y 🚅 s			O 1 MA	FILED		. R		¥ ₽
•	incipal Place of Business Mailing Address 044 SOUTH MILITARY TRAIL 3044 SOUTH MILITARY TRAIL								ETARY O				
2. Principal P	incipal Place of Business I MAPLE WOOD DL. A Mailing Address GLE MAPLE WOOD DL.												
Suite, Apt.	t. #, etc. Suite, Apt. #, etc.						·	NOT WRITE	IN THIS S		MJH	; 1	
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, , , , , , , , , , , , , , , , , , ,			negistered Agent		Name		. Name an	u Audress	O New Neg	JISTOI PO	gent		
DAVIS, RICHARD T ESQ. 250 AUSTRALIAN AVE. SOUTH, SUITE 1601				Street Address (P.O. Box Number is Not Acceptable)									
WEST PA	LM BEAC	HFL 33401									1= .		
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,	\- 	ty submits this statement to	r the purpose of changing its			r registered	agent, or bo	otri, in the t	State of Piorit	¤. - 2∧.	-^1		
SIGNATURE	Signature, types	d or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signat	ture required whe	in reinstating)	יום כני	ा <i>र</i>	DATE	<u> </u>		
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9.	Lioni	MANAGING MEMB	· · · · · · · · · · · · · · · · · · ·	10.		TOSC O) (Αſ	ODITIONS/C	HANGES			6
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11. I hereby o	ertify that the on this repositive compa	ne information supplied with ort is true and accurate and ony or the receiver or trustee	this filing does not qualify fo that my signature shall have empowered to execute this	r the exe	mption sta	L ted in Section ect as if made by Chapter 6	on 119.07(3 e under oat 508, Florida)(i), Florida h; that I ar Statutes.	a Statutes. I fi m a managin	urther cert ig membe	ify that the in r or manage	nformation er of the	
SIGNATURE: 4-30-01 561-741-2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Descriptions #													