2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000003098



FILED Apr 18, 2003 8:00 am Secretary of State

PALM CO	ast electronic	OS, L.C.	1			04-18-2003 90077	022 ****50	0.00	
Principal Place of Business			Mailing Address						
12522 SW 108 CT. MIAMI FL 33176			12522 SW 108 CT. Miami FL 33176						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State		4. FEI Nun	NOT APPLICABLE		oplied For ot Applicable	
Zip Country		· I	Zip	Country	ountry 5. Certificate of S		Status Desired		
	6. Name and Adda	ess of Current Re	gistered Agent		7. Name and Address of New Registered Agent				
НАТІ	HAWAY, RANDY L			Name				ļ	
1252	2 SW 108 CT. All FL 33176			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
HIW W						·			
		, 		City		F	Zip Coo	le	
	named entity submits to ions of registered agen		ne purpose of changing its	registered office or reg	sistered agent, or t	ooth, in the State of Florida. I a	m familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name	ne of registered agent and	title if applicable. (NOTE	: Registered Agent signature re	Quired when reinstating)	DATI			
			Make Check Payabl	OW!!! FEE IS \$50 e to Florida Depar e By May 1, 2003					
9.		AGING MEMBERS	/MANAGERS	10.		ADDITIONS/CHANG			
TITLE NAME	MGR	w i	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	HATHAWAY, RANDY L 12522 SW 108 CT.			STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33176			CITY-ST-ZIP					
TITLE			☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS				NAME STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP				ļ	
TITLE			☐ Delete	TITLE			☐ Change	☐ Addition	
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CITY-ST-ZIP				CITY-ST-ZIP				Ì	
TITLE		<u> </u>	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS				NAME				ļ	
CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP				Ĭ	
TITLE			☐ Delete	TITLE	<u> </u>		☐ Change	Addition	
NAME				NAME]	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP]	
TITLE			☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS				NAME CIRCET ADDRESS				}	
CITY-ST-ZIP				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.