

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90141 036 ****50.00

DOCUMENT # L00000006838

1. Entity Name
PALMER SQUARE DEVELOPMENT COMPANY, L.L.C.



Principal Place of Business
**525 8TH STREET WEST
BRADENTON, FL 34205**

Mailing Address
**525 8TH STREET WEST
BRADENTON, FL 34205**

2. Principal Place of Business
6020B DEACON PLACE

3. Mailing Address
6020B DEACON PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA, FL

City & State
SARASOTA, FL

Zip
34238

Country
USA

Zip
34238

Country
USA

07122004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1020914

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**~~MAPES REED W.~~
525 8TH STREET WEST
BRADENTON, FL 34205**

7. Name and Address of New Registered Agent

Name
ROBERT W. HENDRICKSON, III

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

1206 MANATEE AVENUE WEST

City
BRADENTON

FL

Zip Code
34205

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.

ROBERT W. HENDRICKSON, III

DATE

7/13/04

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MAPES & MAPES INC
525 8TH ST. W.
BRADENTON, FL 34205** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SUNNYLEA CORPORATION
3917 BOCA POINTE DRIVE
SARASOTA, FL 34238** ☒ Change ☐ Addition

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

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

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

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

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

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

Date

Daytime Phone #

Thomas G. Whealy **7/13/04**
PRES., SUNNYLEA CORP.

941-746-1167