LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009041

1. Entity Name
Palm Capital, LL.C

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1345 W BAY Dr

Suite, Apt. #, etc.
101

City & State
Largo, FL

Zip 33770   Country Donellas USA

3. Mailing Address
1345 W. BAY Dr

Suite, Apt. #, etc.
101

City & State
Largo FL

Zip 33770   Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3665648   Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

Name Stephen M. Weinstock

Street Address (P.O. Box Number is Not Acceptable)
1345 West Bay Dr, Suite 101

City Largo   FL   Zip Code 34640

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.

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

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

9.   MANAGING MEMBERS / MANAGERS

TITLE	President	TITLE	
NAME	Stephen Weinstock	NAME	
STREET ADDRESS	1345 W BAY Dr	STREET ADDRESS	
CITY-ST-ZIP	Largo FL. 33770	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/01)

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: _____   3/29/02   727 581 8706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #