

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90002 044 ****50.00

DOCUMENT # L00000009740

1. Entity Name

PALMWAY MANAGEMENT LLC



Principal Place of Business

**3723 MYKONOS COURT
BOCA RATON FL 33487**

Mailing Address

**PO BOX 812007
BOCA RATON FL 33481-2007**

2. Principal Place of Business

1235 Spanish River Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33432

Country

U.S.

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3664480**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BIORDI, CHRISTINE
3723 MYKONOS COURT
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name

Biordi, Christine

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

1235 Spanish River Rd

Boca Raton

33432

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, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIORDI, CHRISTINE 3723 MYKONOS CT BOCA RATON FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	manager Biordi, Christine 1235 Spanish River Rd Boca, Raton, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED)

1/3/03

(561) 750-9214

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

Date

Daytime Phone #

CR2E083 (10/02)