

May 03,  
Secre

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L00000011134

1. Entity Name  
THE PAL HOLDINGS GROUP, LLC



Principal Place of Business

3556 BISCAYNE BLVD  
STE 402-406  
MIAMI, FL 33137

Mailing Address

3556 BISCAYNE BLVD  
STE 402-406  
MIAMI, FL 33137

U000000155238  
05/05/04-80028-023 50.00



04282004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1040387

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, BONNIE CPA  
9050 PINES BLVD  
STE 384  
HOLLYWOOD, FL 33024

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
KERZNER, PAUL  
3550 BISCAYNE BLVD #402  
MIAMI, FL 33137

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
MELTZER, ANDREA  
3550 BISCAYNE BLVD #402  
MIAMI, FL 33137

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
MELTZER, MOUIS  
3550 BISCAYNE BLVD #402  
MIAMI, FL 33137

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
BARBAGALLO, GREGG  
3550 BISCAYNE BLVD #402  
MIAMI, FL 33137

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: \_\_\_\_\_

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

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_