

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90131 007 \*\*\*\*50.00

**DOCUMENT # L01000008196**

1. Entity Name

**PALMETTO LIMITED, LLC**

Principal Place of Business

Mailing Address

1201 S.E. 2ND COURT #104  
FT. LAUDERDALE FL 33301

1201 S.E. 2ND COURT #104  
FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

721 N.E. 3rd Ave

721 N.E. 3rd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. LAUDERDALE, FL

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33304

USA

33304

USA

4. FEI Number

75-3605362

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, THOMAS M  
2400 EAST COMMERCIAL BLVD.  
SUITE 820  
FT. LAUDERDALE FL 33308

Name

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

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.

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 Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DOERING, RALPH H III  
1201 S.E. 2ND COURT #104  
FT. LAUDERDALE FL 33301 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DOERING, JOHN C  
1201 S.E. 2ND COURT #104  
FT. LAUDERDALE FL 33301 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ 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:

*John C. Doering*

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

4-30-02

Date

(954) 525-0210

Daytime Phone #

John C. Doering

CR2E083 (9/01)