

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012253

Entity Name: PALM RENTAL, LLC

FILED  
Jan 13, 2009  
Secretary of State

**Current Principal Place of Business:**

18840 5TH STREET SW  
LUTZ, FL 33548

**New Principal Place of Business:**

**Current Mailing Address:**

935 MAIN STREET, SUITE D-1  
C/O HARRY H. RABB  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

18840 5TH STREET SW  
LUTZ, FL 33548

FEI Number: 59-3736628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RABB, HARRY H CPA  
935 MAIN STREET, STE D-1  
SAFETY HARBOR, FL 34695 US

**Name and Address of New Registered Agent:**

RABB, HARRY H CPA  
28163 US HWY 19N STE 204  
CLEARWATER, FL 33761 US

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: HARRY H RABB CPA

01/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GARVEY, JAMES P  
Address: 18840 5TH STREET SW  
City-St-Zip: LUTZ, FL 33548

Title: MGR ( ) Delete  
Name: VARSAMES, LOUIS J  
Address: 7311 PELICAN ISLAND DR  
City-St-Zip: TAMPA, FL 33634

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES P GARVEY

MGR

01/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date