

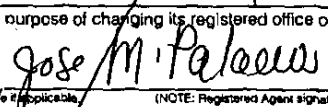


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

S03272900177  
9/26/2003-90004-038-\$50.00-\$50.00

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<b>DOCUMENT # L02000004079</b>					
1. Entity Name <b>PALACIOS CONSULTING LLC</b>					
Principal Place of Business <b>128 GARDENIA AVE. PONTE VEDRA BEACH FL 32082</b>		Mailing Address <b>128 GARDENIA AVE. PONTE VEDRA BEACH FL 32082</b>		<div style="border: 1px solid black; padding: 5px;"> <b>FILED</b>  <b>2003 OCT -8 AM 9:59</b>  <b>DIVISION OF CORPORATIONS</b>  <b>TALLAHASSEE, FLORIDA</b> </div> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. Filing Date <b>01-0583718</b> <input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PALACIOS, JOSE M</b> <b>128 GARDENIA AVE</b> <b>PONTE VEDRA BEACH FL 32082</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 type: <u>Printed name of registered agent and fee if applicable</u> (NOTE: Registered Agent signature required when reinstating)		DATE <b>10-4-03</b>	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 24, 2003</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>MGR</b> NAME <b>Carolyn F. Palacios</b> STREET ADDRESS <b>128 Gardenia Ave, Ponte Vedra Beach</b> CITY-ST-ZIP <b>FLA 32082</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>MGR</b> NAME <b>Jose M. Palacios</b> STREET ADDRESS <b>128 Gardenia Ave.</b> CITY-ST-ZIP <b>Ponte Vedra Beach, FL 32082</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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		
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		
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		
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		
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 <b>Jose M. Palacios</b>		<b>Carolyn F. Palacios</b> Signature type: <u>Printed name of signing member, manager, or authorized representative</u>		Date <b>9/20/03</b> Daytime Phone # <b>904-543-1715</b>	

CR2E083 (4/03)