

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

7/1

07-17-2003 90023 015 *****50.00

DOCUMENT # **L02000024805**

1. Entity Name

PALM AVENUE, LLC



Principal Place of Business

Mailing Address

~~1164~~ **RED HIBISCUSS DRIVE**
BONITA SPRINGS FL 34135

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BONITA SPRINGS FL 34135

2. Principal Place of Business

11820 RED HIBISCUS DR

3. Mailing Address

Suite, Apt. #, etc.

(SAME)

City & State

BONITA SPRINGS, FL

City & State

4. FEI Number

05-0538441

Applied For

Not Applicable

Zip

34135

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASEY, PATRICK B JD, CPA
9240 BONITA BEACH ROAD
SUITE 2209
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

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. 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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VICE PRESIDENT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MAJA GINSBERG ANGEL
11820 RED HIBISCUS DR.
BONITA SPRINGS, FL 34135

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GUENTER A. GINSBERG
11820 RED HIBISCUS DR.
BONITA SPRINGS, FL 34135

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

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

GUENTER GINSBERG

Date

Daytime Phone #

7/14/03 239 948-2001

CR2E083 (4/03)