

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000026442

1. Entity Name
PALMCOAST DEVELOPMENT, LLC



Principal Place of Business

**847 4TH AVE. SOUTH
NAPLES, FL 34102**

Mailing Address

**847 4TH AVE. SOUTH
NAPLES, FL 34102**

DO NOT WRITE IN THIS SPACE



03042004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
01-0761708

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOOD, DOUGLAS A ESQ.
1000 TAMiami TRAIL NORTH
SUITE 201
NAPLES, FL 34102**

**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**

U000000116672
04/16/04-80074-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CABRAL, TIMOTHY
STREET ADDRESS	847 4TH AVE. SOUTH
CITY - ST - ZIP	NAPLES, FL 34102
TITLE	MGRM
NAME	PADLO, LAWRENCE
STREET ADDRESS	847 4TH AVE. SOUTH
CITY - ST - ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #