

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000018209 1. Entity Name 315 S. PALAFOX, LLC	
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Principal Place of Business 315 S PALAFOX STREET PENSACOLA, FL 32502	Mailing Address 884 US HIGHWAY 1 NORTH PALM BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE



02032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 51-0466687	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWLING, ROBERT C
1680 NE 135 STREET
NORTH MIAMI, FL 33181

**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 _____

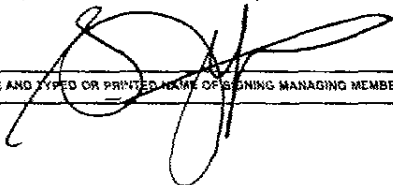
**Filing Fee is \$50.00
Due by May 1, 2007**

U00000654899
03/13/07-80085-006 50.00

9. MANAGING MEMBERS, MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM BOWLING, ROBERT C 1680 NE 135 STREET NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR VERNIS, G. JEFFREY 884 US HWY. ONE NORTH PALM BEACH, FL 33408
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **2.27.07** **501-775-9822**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE. Date Daytime Phone #