

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90176 031 ***138.75

DOCUMENT # L03000019795

1. Entity Name
S AND S PALMER LAKE L.L.C.



Principal Place of Business
**6129 S.W. 70TH STREET, 2ND FLOOR
SOUTH MIAMI, FL 33143**

Mailing Address
**6129 S.W. 70TH STREET, 2ND FLOOR
SOUTH MIAMI, FL 33143
Box 43-1495
S. MIAMI, FL 33243**

60021920



03272008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1210668

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAGER, BERT
6129 S.W. 70TH STREET
SOUTH MIAMI, FL 33143**

**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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SOKOLOW, MARVIN L
15068 SOUTHWEST 16TH STREET
PEMBROKE PINES, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SAGER, BERT
6129 S.W. 70TH STREET, 2ND FLOOR
SOUTH MIAMI, FL 33143**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

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

Date

Daytime Phone #