

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000027601

**FILED**  
**Feb 02, 2009**  
**Secretary of State**

**Entity Name:** PALM BEACH WEALTH MANAGEMENT, LLC

**Current Principal Place of Business:**

8720 WAKEFIELD DRIVE  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

8720 WAKEFIELD DRIVE  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

**FEI Number:** 51-0478433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
8720 WAKEFIELD DRIVE  
PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE:

02/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BYRON, LISA M  
Address: 8720 WAKEFIELD DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LISA M BYRON

MGRM

02/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date