

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90153 024 ****50.00

DOCUMENT # L04000064232

1. Entity Name

PALM COVE, LLC



Principal Place of Business

~~125 NW 108TH WAY~~
~~PLANTATION FL 33324~~
US

Mailing Address

~~125 NW 108TH WAY~~
~~PLANTATION FL 33324~~
US

2. Principal Place of Business

333 Las Olas Way

Suite, Apt. #, etc.

#1109
Fort Lauderdale, FL

3. Mailing Address

333 Las Olas Way

Suite, Apt. #, etc.

#1109
Fort Lauderdale, FL



1st MOORE

CR2E083 (10/04)

4. FEI Number

38-3707259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVY, SANDY R

~~125 NW 108TH WAY~~
~~PLANTATION FL 33324~~

7. Name and Address of New Registered Agent

Name

SANDY R. LEVY

Street Address (P.O. Box Number is Not Acceptable)

333 Las Olas Way

City

Fort Lauderdale

FL

Zip Code

33301

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 May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME SANDY R. LEVY, (ROTH IRA)
STREET ADDRESS ~~125 NW 108TH WAY~~
CITY-ST-ZIP ~~PLANTATION FL 33324~~

TITLE MGRM ☐ Delete
NAME RACKMIL, BRUCE
STREET ADDRESS 3217 NE 13TH STREET - #102
CITY-ST-ZIP POMPAHO BEACH FL 33062

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 333 Las Olas Way - #1109
CITY-ST-ZIP Fort Lauderdale, FL 33301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #