2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State
05-07-2008 90018 036 ***138.75

DOCUMENT # L04000065169

1. Entity Name
PALLANTE HOLDINGS LLC

60039915

Principal Place of Business	Mailing Address
6699 90TH AVE N PINELLAS PARK, FL 33782	6699 90TH AVE N PINELLAS PARK, FL 33782

02072008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		3152 Little Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #403	
City & State		City & State Trinity Fl 34655	
Zip	Country	Zip	Country

4. FEI Number 20-1699700 ☐ Applied Fo ☐ Not Applic

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PALLANTE, CHRIS
6699 90TH AVE N
PINELLAS PARK, FL 33782

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 acc 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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALLANTE, CHRIS 10338 ALTRARA WAY TRINITY, FL 34655	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Ad
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad

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: (727) 282-6500