

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90039 027 \*\*\*\*50.00

DOCUMENT # L04000077426

1. Entity Name

PALM HOUSE OF PINELLAS, LLC



Principal Place of Business

Mailing Address

12911 WALSINGHAM RD, #115  
LARGO FL 33774

12911 WALSINGHAM RD, #115  
LARGO FL 33774



2. Principal Place of Business

3. Mailing Address

2840 WEST BAY DR.

2840 WEST BAY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#240

#240

City & State

City & State

BELLERIR Bluffs, FL

BELLERIR Bluffs, FL

Zip

Country

Zip

Country

33770

USA

33770

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYONS, GARY W ESQUIRE  
311 SOUTH MISSOURI AVENUE  
CLEARWATER FL 33756

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 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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
MGR  
PULLANO, ROBERT C  
STREET ADDRESS  
11453 70TH TERRACE NORTH  
CITY- ST- ZIP  
SEMINOLE FL 33772

TITLE  
NAME  
MGR  
PULLANO, Robert  
STREET ADDRESS  
2840 W. BAY DR. #240  
CITY- ST- ZIP  
BELLERIR Bluffs, FL 33770

TITLE  
NAME  
MGRM  
WYSE, DOUGLAS  
STREET ADDRESS  
12911 WALSINGHAM RD, #115  
CITY- ST- ZIP  
LARGO FL 33774

TITLE  
NAME  
MGRM  
WYSE, DOUGLAS  
STREET ADDRESS  
2840 W. BAY DR #240  
CITY- ST- ZIP  
BELLERIR Bluffs, FL 33770

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CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-21-06 727-360-1859