

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

50.00

DOCUMENT # L04000080053

1. Entity Name

PALMA BELLA, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -1 AM 8:32

Principal Place of Business

P.O. BOX 74071  
DAYTONA BEACH SHORES FL 32116

Mailing Address

P.O. BOX 74071  
DAYTONA BEACH SHORES FL 32116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

gls



1st MOORE

CR2E083 (10/04)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DANIELS, DOUGLAS A  
501 NORTH GRANDVIEW AVENUE  
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name

Douglas M Cook

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

2741 S ATLANTIC AVE

City

Daytona Beach Shores FL

Zip Code

32118

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

Douglas M Cook

2-21-05

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 COOK, DOUGLAS  
STREET ADDRESS P.O. BOX 74071  
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32116

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition  
NAME 800048059688  
STREET ADDRESS 03/09/05--01051--004 \*\*583.75  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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

Douglas M Cook

2-21-05

Date

386-547-5702

Daytime Phone #