2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State
02-08-2007 90145 037 ***111.25

DOCUMENT # L04000080053

1. Entity Name

PALMA BELLA, LLC

Principal Place of Business	Mailing Address
~~P.O. BOX 7407~~ DAYTONA BEACH SHORES FL 32116	P.O. BOX 7407 DAYTONA BEACH SHORES FL 32116

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2900 S. Atlantic Ave.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach Shores, FL	City & State
Zip: 32118 / Country	Zip / Country

4. FEI Number: 14-1917612 ☐ 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
COOK, DOUGLAS M ~~2741 S ATLANTIC AVENUE~~ 2900 S. Atlantic Ave. DAYTONA BEACH SHORES FL 32118	Name: Same Street Address (P.O. Box Number is Not Acceptable): 2900 S. Atlantic Ave. City: Same 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 X [signature] Douglas M Cook

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, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM COOK, DOUGLAS M. P.O. BOX 7407 DAYTONA BEACH SHORES FL 32116	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	COOK, DOUGLAS M.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

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] Douglas M Cook 1-19-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #