

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015061

Entity Name: PALMERSTON LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

165 W SR 434
WINTER SPRINGS, FL 32708

New Principal Place of Business:

390 W SR 434, SUITE 203
LONGWOOD, FL 32750

Current Mailing Address:

165 W SR 434
WINTER SPRINGS, FL 32708

New Mailing Address:

390 W SR 434, SUITE 203
LONGWOOD, FL 32750

FEI Number: 61-1493052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARMA, RAKESH
165 W SR 434
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

SHARMA, RAKESH MGRM
390 W SR 434, SUITE 203
LONGWOOD, FL 32750 US

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.

SIGNATURE: RAKESH SHARMA

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHARMA, RAKESH
Address: 165 W SR 434
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR () Delete
Name: SHARMA, DEEPAK
Address: 3 PALMERSTON AVE
City-St-Zip: SLOUGH, BERKSHIRE, UK SL37PU

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHARMA, RAKESH MGRM
Address: 390 W SR 434, SUITE 203
City-St-Zip: LONGWOOD, FL 32750

Title: MGR (X) Change () Addition
Name: SHARMA, DEEPAK MGR
Address: 3 PALMERSTON AVE
City-St-Zip: SLOUGH, BERKSHIRE, UK SL37PU

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAKESH SHARMA

MGRM

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date