## 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED DOCUMENT # L05000023116 2012 JUN -7 PM 4: 42 PALLADIO TEXTILES OF FLORIDA, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4037 DRIFTING SAND TRAIL 4037 DRIFTING SAND TRAIL DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 05152012 CR2E083 (12/11) Chg-LLC Applied For 4 FFI Number City & State City & State 35-2253124 Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIETRICH, DANIEL R Street Address (P.O. Box Number is Not Acceptable) 4037 DRIFTING SAND TRAIL DESTIN, FL 32541 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$538.75 Due by September 28, 2012 Florida Department of State Florius MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10 9. ☐ Change ☐ Add:tion MGRM ☐ Delete TITLE TITLE DIETRICH, DANIEL R NAME NAME STREET ADDRESS STREET ADDRESS 4037 DRIFTING SAND TRAIL CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP ☐ Addition ☐ Change TITLE MGRM ☐ Delete TITLE DIETRICH, KAREN R NAME NAME 500236248495 06/12/12--01005--015 \*\*\*13 STREET ADDRESS 4037 DRIFTING SAND TRAIL STREET ADDRESS \*\*138.75 CITY\_ST\_7IR CITY-ST-ZIP DESTIN, FL 32541 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF LIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: \

danieldictric

E-MAIL ADDRESS