

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90154 015 ***138.75

DOCUMENT # L05000036224					
1. Entity Name PALERMO, LLC					
Principal Place of Business 3086 S.W. 5 STREET MIAMI, FL 33135			Mailing Address 3086 S.W. 5 STREET MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box # 7996 W. 26 CT.			3. Mailing Address Suite, Apt. #, etc.		
City & State HIALEAH			City & State MIAMI, FL		
Zip 33016			Country MIAMI-DADE		
4. FEI Number 20-2697272			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent QUESADA, G. FRANK ESQ. 1313 PONCE DE LEON BLVD. SUITE 200 GORAL CABLES, FL 33184			7. Name and Address of New Registered Agent Name: ELSA SANCHEZ Street Address (P.O. Box Number is Not Acceptable): 3086 S.W. 5 ST. City: MIAMI, FL. 33135		
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: <i>Elsa F. Sanchez</i> DATE: 4/11/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. SANCHEZ, JOSE ADALIO 3086 S.W. 5 STREET MIAMI, FL 33135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. SANCHEZ, JOSE ADALIO 3086 S.W. 5 STREET MIAMI, FL 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SANCHEZ, ELSA F 3086 SW 5TH ST MIAMI, FL 33135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Elsa F. Sanchez</i> MCRL, ELSA SANCHEZ, 4/11/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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