

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000042976

1. Entity Name
PALMA CEIA, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 19 AM 11:08

Principal Place of Business
920 WEST 84TH STREET, #209
HIALEAH, FL 33014

Mailing Address
920 WEST 84TH STREET, #209
HIALEAH, FL 33014



2. Principal Place of Business - No P.O. Box #
5803 NW 151 St. #201

3. Mailing Address
5803 NW 151 St.

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
Miami Lakes, FL

City & State
Miami Lakes, FL

Zip
33014

Country
US

Zip
33014

Country
US

07082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2787857

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SOTO, MIGUEL
920 WEST 84TH STREET, #209
HIALEAH, FL 33014

7. Name and Address of New Registered Agent

Name
Miguel Soto

Street Address (P.O. Box Number is Not Acceptable)
5803 NW 151 St., #201

City
Miami Lakes

FL

Zip Code
33014

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

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MGCJ 52 HOLDINGS GROUP, LLC
920 WEST 84TH STREET, #209
HIALEAH, FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
5803 NW 151 St., #201
Miami Lakes, FL 33014

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
200136268722
09/23/08--01048--005 ***138.75

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
☒ Change ☐ Addition
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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:

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

Date

Daytime Phone #