

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000060318

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** 634 32ND STREET WEST PALM LLC

**Current Principal Place of Business:**

7654 SE MUIR WOODS LANE  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

7654 SE MUIR WOODS LANE  
HOBE SOUND, FL 33455 UN

**Current Mailing Address:**

7654 SE MUIR WOODS LANE  
HOBE SOUND, FL 33455

**New Mailing Address:**

**FEI Number:** 20-3012189      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILAZZO, THOMAS  
7654 SE MUIR WOODS LANE  
HOBE SOUND, FL 33455 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MILAZZO, THOMAS  
**Address:** 7654 SE MUIR WOODS LANE  
**City-St-Zip:** HOBE SOUND, FL 33455

**Title:** MGR  
**Name:** MILAZZO, STEPHANIE  
**Address:** 7654 SE MUIR WOODS LANE  
**City-St-Zip:** HOBE SOUND, FL 33455

I hereby 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: THOMAS MILAZZO

MGR

04/30/2012

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