

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076100

Entity Name: PALMA & ASSOCIATES, LLC

FILED
Jul 06, 2006
Secretary of State

Current Principal Place of Business:

237 LOOKOUT PLACE, 2ND FLOOR
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

237 LOOKOUT PLACE, 2ND FLOOR
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 20-3310465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KOLTUN, JEFFREY M
557 NORTH WYMORE ROAD, SUITE 100
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

HENDERSON, PAUL M
237 LOOKOUT PLACE
2ND FLOOR
MAITLAND, FL 32751 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: PAUL M. HENDERSON

07/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HENDERSON, PAUL M
Address: 237 LOOKOUT PLACE, 2ND FLOOR
City-St-Zip: MAITLAND, FL 32751

Title: MGR () Delete
Name: BOGEAJIS, TIMOTHY
Address: 237 LOOKOUT PLACE, 2ND FLOOR
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL M. HENDERSON

MGR

07/06/2006

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