

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086214

Entity Name: RETIRED PALMS, LLC

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

9287 WESTSHORE DRIVE
WEEKI WACHEE, FL 34613

New Principal Place of Business:

Current Mailing Address:

9287 WESTSHORE DRIVE
WEEKI WACHEE, FL 34613

New Mailing Address:

FEI Number: 20-8749195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRIN, DUDLEY J JR
9287 WESTSHORE DRIVE
WEEKI WACHEE, FL 34613 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: MGRM () Delete
Name: HERRIN, DUDLEY J JR
Address: 9287 WESTSHORE DRIVE
City-St-Zip: WEEKI WACHEE, FL 34613

Title: MGRM (X) Delete
Name: HERRIN, JUDY C
Address: 9287 WESTSHORE DRIVE
City-St-Zip: WEEKI WACHEE, FL 34613

Title: MGRM () Delete
Name: TREHEY, DANIEL
Address: 9239 MISSISSIPPI RUN
City-St-Zip: WEEKI WACHEE, FL 34613

Title: MGRM () Delete
Name: TREHEY, PAULA
Address: 9239 MISSISSIPPI RUN
City-St-Zip: WEEKI WACHEE, FL 34613

Title: MGRM () Delete
Name: BYRNE, MICHAEL C JR
Address: 9172 MISSISSIPPI RUN
City-St-Zip: WEEKI WACHEE, FL 34613

Title: MGRM () Delete
Name: BYRNE, JUDITH A
Address: 9172 MISSISSIPPI RUN
City-St-Zip: WEEKI WACHEE, FL 34613

ADDITIONS/CHANGES:

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

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

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

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

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 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: DUDLEY J. HERRIN, JR.

MGRM

04/15/2008

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