

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105074

Entity Name: PALMIERI HOLDINGS, LLC

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

13055 W LINEBAUGH AVE STE 102
TAMPA, FL 33626 US

New Principal Place of Business:

13055 W LINEBAUGH AVE
STE 102
TAMPA, FL 33626 US

Current Mailing Address:

13055 W LINEBAUGH AVE STE 102
TAMPA, FL 33626 US

New Mailing Address:

13055 W LINEBAUGH AVE
STE 102
TAMPA, FL 33626 US

FEI Number: 20-3685962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMIERI, JAMES A
13055 W LINEBAUGH AVE STE 102
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

PALMIERI, JAMES A
13055 W LINEBAUGH AVE
STE 102
TAMPA, FL 33626 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: JAMES A PALMIERI

02/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MMBR () Delete
Name: PALMIERI, JAMES A
Address: 13055 W LINEBAUGH AVE STE 102
City-St-Zip: TAMPA, FL 33626 US

Title: MMBR () Delete
Name: PALMIERI, LORI D
Address: 13055 W LINEBAUGH AVE STE 102
City-St-Zip: TAMPA, FL 33626 US

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 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: JAMES A PALMIERI

MMBR

02/04/2009

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