## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000119119

Entity Name: PALMS CORPORATE CENTRE, LLC

**FILED** May 01, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

262 ALMERIA AVENUE STE 210 CORAL GABLES, FL 33134

**New Mailing Address: Current Mailing Address:** 

262 ALMERIA AVENUE STE 210 CORAL GABLES, FL 33134

FEI Number: 20-3962575 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: Name and Address of New Registered Agent:

FONTE, AUGUSTO 262 ALMERIA AVE STE 210 CORAL GABLES, FL 33134 US

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: () Delete (X) Change ( ) Addition

BOSCHETTI, JOSE R FONTE, AUGUSTO Name: Name: Address: 1200 PONCE DE LEON BOULEVARD Address: 262 ALMERIA AVE. STE 210 City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Title: MGR Title: MGR ( ) Delete (X) Change ( ) Addition

Name: CAPARROS, MARTIN JR. Name: VIVO, RENE

Address: 14160 PALMETTO FRONTAGE ROAD, SUITE 21 Address: 7545 SW 24TH AVE. STE 100

City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: HIALEAH, FL 33016

Title: MGR () Delete Title: () Change () Addition

VF MIAMI LAKES LLC Name: Name: Address: 262 ALMERIA AVENUE Address: City-St-Zip: CORAL GABLES, FL 33134 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: AUGUSTO FONTE 05/01/2009