


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90093 032 ***138.75

DOCUMENT # L05000120421 1. Entity Name PALMETTO BUSINESS PARK, LLC					
Principal Place of Business 1150 WEST MOODY BLVD. BUNNELL, FL 32110			Mailing Address P.O. BOX 978 BUNNELL, FL 32110-0978		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent DUDLEY, WILLIAM F 2000 WEST MOODY BLVD. (STATE ROAD 11) BUNNELL, FL 32110					
7. Name and Address of New Registered Agent Name <u>William F. Dudley</u> Street Address (P.O. Box Number is Not Acceptable) <u>1150 W. Moody Blvd.</u> City <u>Bunnell</u> <u>FL</u> Zip Code <u>32110</u>					
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DUDLEY, WILLIAM F 4 JOHN BULOW CIRCLE FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DUDLEY, MARGARET A 4 JOHN BULOW CIRCLE FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Margaret A Dudley</u> <u>1-28-08</u> <u>(386) 437-3068</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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01282008 Chg-LLC CR2E083 (12/06)

4. FEI Number **55-0911235** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required