


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90092 001 ****50.00

DOCUMENT # L05000121517					
1. Entity Name PALMIRA, LLC					
Principal Place of Business 10050 NW 137 STREET HIALEAH GARDENS, FL 33018		Mailing Address 10050 NW 137 STREET HIALEAH GARDENS, FL 33018			
2. Principal Place of Business		3. Mailing Address 1150 N.W. 72nd Ave 555			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami FL		4. FEI Number 20-4289034	
Zip		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, ANDRES 10050 NW 137 STREET HIALEAH GARDENS, FL 33018				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-registering)					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete GARCIA, ANDRES 10050 NW 137 STREET HIALEAH GARDENS, FL 33018				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete GARCIA, JOSEPHINE 10050 NW 137 STREET HIALEAH GARDENS, FL 33018				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <i>Oliver Sam</i> <i>Partner</i> <i>7/14/06</i> <i>305-885-9571</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

ATTACHMENT
20049549
#L05000121517

PALMIRA L.L.C..
1150 N.W. 72nd Avenue #555
Miami, Florida, 33126

July 14, 2006

Florida Department of State
P.O. Box 6327
Tallahassee, Fl., 32314

Gentlemen:

We were surprised to find out that our Limited Liability Company was to be dissolved for not sending the annual report for the year 2006 as it appears we did not receive the annual report renewal from your office.

We are attaching our check for \$50.00 and respectfully request that our company be reinstated.

We are also attaching the annual report for the year 2006 obtained through the internet.

In order to avoid this problem in the future we have changed our mailing address to that of our accountant.

Thank you for your assistance in this matter.

Respectfully,

PALMIRA L.L.C.


Andres Garcia
Partner