

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019659

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: PALM PAPER & SUPPLY, LLC

**Current Principal Place of Business:**

41 WINDHAM AVENUE SE  
FT. WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2575  
FT WALTON BEACH, FL 32549

**New Mailing Address:**

FEI Number: 20-4369732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DARYL, SMITH E  
916 BAMBI DRIVE  
DESTIN, FL 32541 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: MGR ( ) Delete  
Name: DARYL, SMITH E MR.  
Address: 916 BAMBI DRIVE  
City-St-Zip: DESTIN, FL 32541

Title: VP ( ) Delete  
Name: MOSES, KELLY MR.  
Address: 41 WINDHAM AVENUE SE  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: SEC ( ) Delete  
Name: MOSES, VALARIE H MRS.  
Address: 41 WINDHAM AVENUE SE  
City-St-Zip: FT WALTON BEACH, FL 32548

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
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: VALARIE MOSES

SEC

04/24/2008

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