

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90111 004 ****55.00

DOCUMENT # L06000025844 1. Entity Name PALMS IN CLERMONT, LLC					
Principal Place of Business 9025 PINE ISLAND ROAD CLERMONT, FL 34711			Mailing Address 9025 PINE ISLAND ROAD CLERMONT, FL 34711		
2. Principal Place of Business - No P.O. Box # 9025 Pine Island Rd.		3. Mailing Address same			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Clermont FL		City & State 		4. FEI Number 	
Zip 34711		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUFNAGEL, RICHARD H 9025 PINE ISLAND ROAD CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 Richard H. Hufnagel, President 4/29/07 <small>Signature of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUFNAGEL, RICHARD H 9025 PINE ISLAND ROAD CLERMONT, FL 34711 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: Richard H. Hufnagel 4/29/07 552-429-5808 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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04272007 Chg-LLC CR2E083 (12/06)

☐ Applied For
☒ Not Applicable