2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000067716

1. Entity Name
VIVANCO PALM LLC

Principal Place of Business	Mailing Address
16353 WILTSHIRE DRIVE LOXAHATCHEE, FL 33470	16353 WILTSHIRE DRIVE LOXAHATCHEE, FL 33470

DO NOT WRITE IN THIS SPACE

05102008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
20-5159329		Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, MIREYA
16353 WILTSHIRE DRIVE
LOXAHATCHEE, FL 33470

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000951505
06/04/08-80037-011 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	DIAZ, MIREYA	
STREET ADDRESS	16353 WILTSHIRE DRIVE	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE		
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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IN THIS SPACE

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: MIREYA DIAZ   7/9/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #