

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Apr 15, 2008 08:00 AM
Secretary of State**DOCUMENT # L06000073880**1. Entity Name
PALM INTERNATIONAL, LLCPrincipal Place of Business
**901 PONCE DE LEON BLVD STE 603
CORAL GABLES, FL 33134**Mailing Address
**901 PONCE DE LEON BLVD STE 603
CORAL GABLES, FL 33134**

01142008 No Chg-LLO

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE4. FEI Number
20-5351477

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required**6. Name and Address of Current Registered Agent****ALBORNOZ, WILLIAM H
901 PONCE DE LEON BLVD STE 603
CORAL GABLES, FL 33134****DO NOT WRITE
IN THIS SPACE**

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 retaining)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

UN000008388823

04/28/08-80015-013 138.75

9. MANAGING MEMBERS/MANAGERSTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ESTRADA, FAUSTINO J
901 PONCE DE LEON BLVD STE 603
CORAL GABLES, FL 33134**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Javier Estrada

Date

Feb 10 08

Daytime Phone

305-444-1741