

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90105 035 ***138.75

DOCUMENT # L07000002256

1. Entity Name
PALM GROUP CONSULTING LLC



Principal Place of Business
**12410 SAWGRASS COURT
WELLINGTON, FL 33414 US**

Mailing Address
**12410 SAWGRASS COURT
WELLINGTON, FL 33414 US**

60011390



2. Principal Place of Business - No P.O. Box #
9148 Bonita Beach Road

3. Mailing Address
9148 Bonita Beach Road

Suite, Apt. #, etc.
Suite 207

Suite, Apt. #, etc.
Suite 207

02012008 Chg-LLC CR2E083 (12/06)

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

4. FEI Number **20-8174471**

Applied For
Not Applicable

Zip Country
34135 usa

Zip Country
34135 usa

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

6. Name and Address of Current Registered Agent

**PALM, ANTHONY T
10941 SANTA MARGHERITA ROAD
UNIT 204
BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
9148 Bonita Beach Road

Suite 207

City **Bonita Springs** **FL** Zip Code **34135**

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 **Anthony T. Palm**

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2-16-08**

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PALM, ANTHONY T
10941 SANTA MARGHERITA ROAD
BONITA, FL 34135** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**9148 Bonita Beach Road, Suite 207
Bonita Springs, FL 34135** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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☐ Change ☐ 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:

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

Anthony T. Palm **2-16-08** **39-220-3938**

DATE

Daytime Phone #