

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000022946

**FILED**  
**Jun 16, 2009**  
**Secretary of State**

**Entity Name:** MARY PALMER & ASSOCIATES, LLC

**Current Principal Place of Business:**

11410 SWIFT WATER CIRCLE  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

11410 SWIFT WATER CIRCLE  
ORLANDO, FL 32817

**New Mailing Address:**

FEI Number: 20-8606045      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

PALMER, MARY J  
11410 SWIFT WATER CIRCLE  
ORLANDO, FL 32817    US

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

PALMER, MARY J PRES.  
11410 SWIFT WATER CIRCLE  
ORLANDO, FL 32817    US

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: MARY J. PALMER

06/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PALMER, MARY J  
Address: 11410 SWIFT WATER CIRCLE  
City-St-Zip: ORLANDO, FL 32817

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: PALMER, MARY J PRES.  
Address: 11410 SWIFT WATER CIRCLE  
City-St-Zip: ORLANDO, FL 32817

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: MARY J. PALMER

PRES

06/16/2009

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