

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000049336

**Entity Name:** PALM COAST INCOME LTD. CO.

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5572 N. OCEAN BLVD.  
OCEAN RIDGE, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

5572 N. OCEAN BLVD.  
OCEAN RIDGE, FL 33435

**New Mailing Address:**

**FEI Number:** 65-0831957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BELMONTE, JOSEPH  
5572 N. OCEAN BLVD  
OCEAN RIDGE, FL 33435 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BELMONTE, JOSEPH  
**Address:** 5572 N. OCEAN BLVD  
**City-St-Zip:** OCEAN RIDGE, FL 33435

I hereby 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:** JOSEPH BELMONTE

MGRM

04/28/2012

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