

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90059 001 \*\*\*832.50

**DOCUMENT # L07000123645**

1. Entity Name  
**PALMER CROSSING 3, LLC**



Principal Place of Business  
**21299 USA HIGHWAY 27  
LAKE WALES, FL 33859**

Mailing Address  
**PO BOX 3737  
LAKE WALES, FL 33859**

**30005283**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**21299 US Hwy 27  
Lake Wales, FL  
33859-6851**

ite, Apt. #, etc.

ty & State

Country

04232008 Chg-LLC CR2E083 (12/06)

4. FEI Number

**59-1004757**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILL, K. TYLER  
101 E. KENNEDY BLVD., SUITE 3700  
TAMPA, FL 33602**

**David A. Miller  
21299 US Hwy 27  
Lake Wales, FL 33859-6851**

**L** Zip Code

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]*

(NOTE: Registered Agent signature required when reinstating)

**4/23/2008**

DATE

**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

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
Latt Maxcy Corporation  
21299 US Hwy 27  
Lake Wales, FL 33859**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

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CITY - ST - ZIP

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]*

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

**4-28-08**

Date

**863.679-6700**

Daytime Phone #