

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017169

Entity Name: PALMSANDYHOME, LLC

FILED  
Apr 02, 2009  
Secretary of State

**Current Principal Place of Business:**

2630 TARPON COVE DRIVE, UNIT 221  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

2630 TARPON COVE DRIVE, UNIT 221  
PUNTA GORDA, FL 33950 US

**Current Mailing Address:**

2630 TARPON COVE DRIVE, UNIT 221  
PUNTA GORDA, FL 33950

**New Mailing Address:**

2630 TARPON COVE DRIVE, UNIT 221  
PUNTA GORDA, FL 33950 US

FEI Number: 26-2001179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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:  Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM  Change  Addition  
Name: JOHNSTONE, M. INGE  
Address: 2630 TARPON COVE DRIVE, UNIT 221  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title:  Delete  
Name:  
Address:  
City-St-Zip:

Title: MGRM  Change  Addition  
Name: JOHNSTONE, CHRISTIE GAIL B  
Address: 2630 TARPON COVE DRIVE, UNIT 221  
City-St-Zip: PUNTA GORDA, FL 33950 US

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: M. INGE JOHNSTONE

MGRM

04/02/2009

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