

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100414

FILED
Aug 28, 2009
Secretary of State

Entity Name: PALMASOLA PARTNERS, LLC

Current Principal Place of Business:

3177 N.W. 103RD PATH
DORAL, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

3177 N.W. 103RD PATH
DORAL, FL 33172 US

New Mailing Address:

FEI Number: 26-3614406 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:

Name and Address of New Registered Agent:

CARRILLO, MIGUEL A
3177 N.W. 103RD PATH
DORAL, FL 33172 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARRILLO, MIGUEL A
Address: 3177 N.W. 103RD PATH
City-St-Zip: DORAL, FL 33172 US

Title: MGRM () Delete
Name: CARRILLO, MARIANGEL
Address: 3177 N.W. 103RD PATH
City-St-Zip: DORAL, FL 33172 US

Title: MGRM () Delete
Name: CARRILLO, MARCO A
Address: 3177 N.W. 103RD PATH
City-St-Zip: DORAL, FL 33172 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MIGUEL CARRILLO

MGRM

08/28/2009

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