

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000061959

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** PALM BEACH EXECUTIVE MANAGEMENT & CONSULTING GROUP, LLC

**Current Principal Place of Business:**

315 ELAINE CIRCLE  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

1403 LUCAYA DRIVE  
RIVIERA BEACH, FL 33404

**Current Mailing Address:**

315 ELAINE CIRCLE  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

1403 LUCAYA DRIVE  
RIVIERA BEACH, FL 33404

**FEI Number:** 45-5170394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

IRVING, SONYA  
315 ELAINE CIRCLE  
WEST PALM BEACH, FL 33409 US

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

SMITH, LISA  
1403 LUCAYA DRIVE  
RIVIERA BEACH, FL 33404 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: LISA SMITH

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SMITH, LISA  
Address: 1403 LUCAYA DRIVE  
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: MGR  
Name: SINGLETON, ELIZABEST  
Address: 2547 INNISBROOK DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM  
Name: WELLS, ERIC  
Address: 5136 PINE AIRE LANE  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: MGRM  
Name: IRVING, SONYA  
Address: 315 ELAINE CIRCLE EAST  
City-St-Zip: WEST PALM BEACH, FL 33409

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: LISA SMITH

MGR

04/30/2012

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