


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED ^{6/4/20}

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L93000000163
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PALMER PLAZA LIQUORS, L.C.
8415 SO. TAMIAMI TRAIL
SARASOTA FL 34238

1a. Principal Place of Business Address

8415 SO. TAMIAMI TRAIL
SARASOTA FL 34238

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/26/1993	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		65-0414261	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
				03/28/1997	\$6.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

KUNZ, CONRAD
420 BEACH RD, #606
SARASOTA FL 34242

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____

DATE _____

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	KUNZ, SHIRLEY M	420 BEACH RD., #606	SARASOTA FL
MEM	KUNZ, CONRAD	420 BEACH RD., #606	SARASOTA FL

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****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____

Conrad Kunz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-15-98

941-346-1011

Date

Daytime Phone #