

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L93000000163

1. Entity Name  
PALMER PLAZA LIQUORS, L.C.



Principal Place of Business  
8415 SO. TAMiami TRAIL  
SARASOTA, FL 34238

Mailing Address  
8415 SO. TAMiami TRAIL  
SARASOTA, FL 34238



06302005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number  
65-0414261

App'd For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and the filing date.

(NOTS: Registered Agent's signature required and the filing date)

DATE

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
MEM  
KUNZ, SHIRLEY M  
420 BEACH RD., #606  
SARASOTA, FL 34242

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
MEM  
KUNZ, CONRAD  
420 BEACH RD., #606  
SARASOTA, FL 34242

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

U000000370331  
07/05/05-80011-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Conrad Kunz*

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

6-30-05

DATE AND PHONE #