

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000004469

Entity Name: PALMER HAMILTON LLC

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

143 S. JACKSON ST., STE. 1  
ELKHORN, WI 53121

## **New Principal Place of Business:**

143 S. JACKSON ST.  
STE 1  
ELKHORN, WI 53121

## **Current Mailing Address:**

143 S. JACKSON ST., STE. 1  
ELKHORN, WI 53121

## **New Mailing Address:**

143 S. JACKSON ST.  
STE 1  
ELKHORN, WI 53121

FEI Number: 20-1201862

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGRM  
Name: GARDNER, JOHN G  
Address: 143 S. JACKSON ST., STE. 1  
City-St-Zip: ELKHORN, WI 53121

Title: MGRM  
Name: FRISKE, TOD A  
Address: 143 S. JACKSON ST., STE. 1  
City-St-Zip: ELKHORN, WI 53121

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: TOD FRISKE

VP

04/10/2012

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