

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001585

FILED
Jul 17, 2009
Secretary of State

Entity Name: PALMAR CONSTRUCTION LLC

Current Principal Place of Business:

1800 SHADOW OAKS ROAD
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

1800 SHADOW OAKS ROAD
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 54-1736906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

GRAHAM, ROBERT
1800 SHADOW OAKS ROAD
KISSIMMEE, FL 34744 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: MGR () Delete
Name: KELLER, PAUL
Address: 769 GRACE ST.
City-St-Zip: HERNDON, VA 20170

Title: MGR () Delete
Name: MEDVENE, MARK
Address: 769 GRACE ST.
City-St-Zip: HERNDON, VA 20170

Title: MGR () Delete
Name: GRAHAM, ROBERT
Address: 1800 SHADOW OAKS ROAD
City-St-Zip: KISSIMMEE, FL 34744

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: MARK MEDVENE

MGR

07/17/2009

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