

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077980

Entity Name: PALM PRO, LLC

Current Principal Place of Business:

150 SOUTH MAIN STREET
SUITE 3
LABELLE, FL 33935

Current Mailing Address:

P.O. BOX 250
LABELLE, FL 33975 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATKINS, JOHN J
150 SOUTH MAIN STREET
SUITE 3
LABELLE, FL 33935 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name WATKINS, JOHN J
Address P.O. BOX 250
City-State-Zip: LABELLE FL 33975

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN J WATKINS

MGRM

04/11/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date