

**2015 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 JAY WATKINS

MGR

02/17/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date