

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000087192

**FILED**  
**Feb 21, 2015**  
**Secretary of State**  
**CC7167769132**

**Entity Name:** PALM LLC

**Current Principal Place of Business:**

1700 NORTH DRIVE  
SARASOTA, FL 34239

**Current Mailing Address:**

1700 NORTH DRIVE  
SARASOTA, FL 34239 US

**FEI Number:** 20-5532033

**Certificate of Status Desired:** No

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

ALEXANDER, BARRY H  
1700 NORTH DR.  
SARASOTA, FL 34239 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	MGR	Title	MGRM
Name	ALEXANDER, BARRY H	Name	ALEXANDER, JUDY S
Address	1700 NORTH DR.	Address	1700 NORTH DR.
City-State-Zip:	SARASOTA FL 34239	City-State-Zip:	SARASOTA FL 34239
Title	MGRM		
Name	LIVENGOOD, KIM A		
Address	1716 HAWTHORNE		
City-State-Zip:	SARASOTA FL 34239		

*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:** JUDY S. ALEXANDER

**MGR**

**02/21/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date