

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000159754

**FILED
Apr 30, 2014
Secretary of State
CC3920667769**

Entity Name: CHEVALENE PALMER BARNES, LLC

Current Principal Place of Business:

7390 NW 5TH STREET
SUITE 5
PLANTATION, FL 33317

Current Mailing Address:

9420 TANGERINE PLACE
APT. 304
DAVIE, FL 33324 US

FEI Number: 46-4163462

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALMER BARNES, CHEVALENE S LCSW
7390 NW 5TH STREET
SUITE 5
PLANTATION, FL 33317 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
Name PALMER BARNES, CHEVALENE S
LCSW
Address 9420 TANGERINE PL #304
City-State-Zip: DAVIE FL 33324

Title MGR
Name BARNES, CALDON A
Address 9420 TANGERINE PL #304
City-State-Zip: DAVIE FL 33324

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: CHEVALENE PALMER BARNES, LCSW

**LICENSED CLINICAL
SOCIAL WORKER**

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date