

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000037875

Entity Name: PALM FINANCIAL SERVICES, LLC

Current Principal Place of Business:

215 CELEBRATION PLACE
SUITE 300
CELEBRATION, FL 34747

FILED
Apr 12, 2024
Secretary of State
9281369633CC

Current Mailing Address:

500 S BUENA VISTA STREET
BURBANK, CA 91521 US

FEI Number: 59-3039580

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 SOLE MEMBER
Name DISNEY WORLDWIDE SERVICES, INC.
Address 1375 BUENA VISTA ST., 4TH FLOOR NORTH
City-State-Zip: LAKE BUENA VISTA FL 32830

Title ASSISTANT SECRETARY
Name SOLOMON, AARON H
Address 1170 CELEBRATION BLVD
City-State-Zip: CELEBRATION FL 34747

Title TREASURER
Name GOMEZ, CARLOS A
Address 500 S BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

Title SECRETARY
Name GAVAZZI, CHAKIRA H
Address 500 S BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

Title ASSISTANT TREASURER
Name GROSSMAN, DANIEL F
Address 500 S BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

Title VP
Name STOWELL, JOHN A
Address 500 S BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

Title VP
Name MCGOWAN, JOHN M
Address 1375 EAST BUENA VISTA DRIVE
City-State-Zip: LAKE BUENA VISTA FL 32830

Title ASSISTANT SECRETARY
Name YOUNG, LEE R
Address 1170 CELEBRATION BLVD
City-State-Zip: CELEBRATION FL 34747

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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: CHAKIRA H. GAVAZZI

SECRETARY

04/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASSISTANT SECRETARY
Name SALAMA, MICHAEL
Address 500 S BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

Title ASSISTANT SECRETARY
Name STEED, SHANNA L
Address 640 PAULA AVE
City-State-Zip: GLENDALE CA 91201

Title PRESIDENT
Name MAZLOUM, THOMAS
Address 210 CELEBRATION PLACE
City-State-Zip: CELEBRATION FL 34747