

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90080 038 \*\*\*138.75

**DOCUMENT # L04000059789**

1. Entity Name  
**MAITLAND VILLAGE, LLC**



Principal Place of Business  
**405 W. CENTRAL PKWY  
1000  
ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**405 W. CENTRAL PKWY  
1000  
ALTAMONTE SPRINGS, FL 32714**



01072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MELAMED, ELI  
405 W CENTRAL PKWY  
SUITE 1000  
ALTAMONTE SPRINGS, FL 32714**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	D
NAME	MELAMED, ELI
STREET ADDRESS	405 W. Central Parkway, Suite 1000
CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	D
NAME	MELAMED, UDI
STREET ADDRESS	405 W. Central Parkway, Suite 1000
CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	S
NAME	MELAMED, RITA
STREET ADDRESS	405 W. Central Parkway, Suite 1000
CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/1/08

407.865-6800