## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000023646

Entity Name: MALAVE BROTHERS, LLC

FILED Jan 07, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5201 BAYSIDE DRIVE GREENACRES, FL 33463

**Current Mailing Address: New Mailing Address:** 

5201 BAYSIDE DRIVE GREENACRES, FL 33463

FEI Number: 01-0831776 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MALAVE, FRAMIS 5201 BAYSIDE DRIVE GREENACRES, FL 33463 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:

Date

ADDITIONS/CHANGES:

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

Title: (X) Change ( ) Addition () Delete

MALAVE, FRAMIS MALAVE, FRAMIS Name: Name: Address: 5201 BAYSIDE DRIVE Address: 4377 MARS AVE

City-St-Zip: GREENACRES, FL 33463 City-St-Zip: WEST PALM BEACH, FL 33406

(X) Change ( ) Addition Title: MGR () Delete Title: MGR

Name: MALAVE, KARINA Name: MALAVE, KARINA Address: 5201 BAYSIDE DRIVE Address: 4377 MARS AVE

City-St-Zip: GREENACRES, FL 33463 City-St-Zip: WEST PALM BEACH, FL 33406

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MALAVE FRAMIS 01/07/2007