

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Nov 02, 2009
Secretary of State**

DOCUMENT# L05000102766

Entity Name: DEBRA J. MALONE, LLC

Current Principal Place of Business:

17 N ORLANDO AVENUE
COCOA BEACH, FL 32931 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 372341
SATELLITE BEACH, FL 32937 US

New Mailing Address:

FEI Number: 20-3826404 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONE, DEBRA J
681 SEAGULL DRIVE
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MALONE, DEBRA J
Address: PO BOX 372341
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: MGRM () Delete
Name: MALONE, MICHAEL G
Address: PO BOX 372341
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: MGRM () Delete
Name: MALONE, BLAKE M
Address: PO BOX 372341
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MALONE, RYAN M
Address: PO BOX 372341
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify 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: DEBRA MALONE

MGRM

11/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date