

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90485 016 ****50.00

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1. Entity Name
BASILA & MALHAM, LLC



Principal Place of Business
4873 EASTWIND STREET
ORLANDO, FL 32812

Mailing Address
4873 EASTWIND STREET
ORLANDO, FL 32812

DO NOT WRITE IN THIS SPACE



02152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3857309

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELOACH BRYANT, CARLA
1206 E. RIDGEWOOD STREET
ORLANDO, FL 32803

**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 reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BASILA, J
4873 EASTWIND STREET
ORLANDO, FL 32812

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BASILA, B
4873 EASTWIND STREET
ORLANDO, FL 32812

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MALHAM, J
4873 EASTWIND STREET
ORLANDO, FL 32812

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MALHAM, L
4873 EASTWIND STREET
ORLANDO, FL 32812

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: *Louise Malham*

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

March 6, 2007

Date

407-740-5005

Daytime Phone #