

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000016546**

1. Entity Name

**MX4 INVESTMENT PROPERTIES, LLC**



Principal Place of Business

**4 PINE LOOK PASS  
ORMOND BEACH, FL 32174**

Mailing Address

**P.O. BOX 731209  
ORMOND BEACH, FL 32173**



04162008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-4310960**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVE.  
DAYTONA BEACH, FL 32114**

**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 \_\_\_\_\_

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

U000000910515  
05/07/08-80002-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME MAHLSTEDT, CHRISTIAN J III  
STREET ADDRESS P.O. BOX 731209  
CITY-ST-ZIP ORMOND BEACH, FL 32173

TITLE MGR  
NAME MAHLSTEDT, CHRISTIAN J JR.  
STREET ADDRESS P.O. BOX 731209  
CITY-ST-ZIP ORMOND BEACH, FL 32173

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** \_\_\_\_\_

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

Date

Daytime Phone #

*Christian J. Mahlsedt III* 7/16/08 386-671-7791