

Ron Hamilton

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

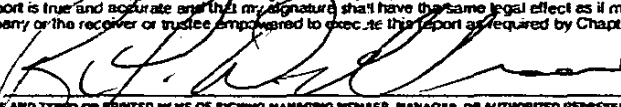
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May 10, 2007 8:00 am
Secretary of State

05-10-2007 90422 022 ****50.00

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01182007 Chg-LLC CRZE083 (12/06)

DOCUMENT # L06000059386					
1. Entity Name MALO LLC					
Principal Place of Business 9801 PORTSIDE DRIVE SEMINOLE, FL 33776 US			Mailing Address 9801 PORTSIDE DRIVE SEMINOLE, FL 33776 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEL Number 20-5018107	
				Applied For Not Applicable	
				5. Certificate of Statute Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRICKSON, RICHARD L 9801 PORTSIDE DRIVE SEMINOLE, FL 33776				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDRICKSON, RICHARD L 9801 PORTSIDE DRIVE SEMINOLE, FL 33776	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELASHAW, ROBERT L 1280 PINE ST LARGO, FL 33770	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 				5/1/07	
SIGNATURE AND TYPED OR PRINTED NAME OF EACHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	