
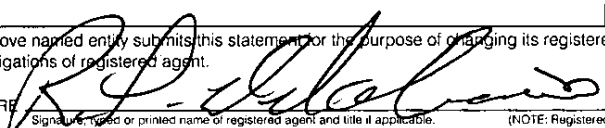


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90127 015 ***138.75

| | | | | | |
|--|--|--|---|---|-----------------|
| 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 # 1280 PINE ST Suite, Apt. #, etc. | | 3. Mailing Address 1280 PINE ST Suite, Apt. #, etc. | | | |
| City & State LARGO FL | | City & State LARGO FL | | | |
| Zip 33770 | Country US | Zip 33770 | Country US | 4. FEI Number 20-5018107 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 ROBERT DELASHAW Street Address (P.O. Box Number is Not Acceptable) 1280 PINE ST City LARGO FL Zip Code 33770 | | |
| 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 reinstating) DATE: | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | 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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DELASHAW, ROBERT L 1280 PINE ST LARGO, FL 33770 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date | | Daytime Phone # |

60021236



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