

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077858

Entity Name: MITZI AND MALOSA LLC

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

3085 WILLIAMSBURG CT.
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

3085 WILLIAMSBURG CT.
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, TORI D
358 SW 62ND BLVD
APT. 7
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

WILLIAMS, TORI D
3085 WILLIAMSBURG CT
ORANGE PARK, FL 32065 US

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: TORI WILLIAMS

04/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, CHARLES R
Address: 358 SW 62ND BLVD APT 7
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR () Delete
Name: WILLIAMS, TORI D
Address: 358 SW 62ND BLVD APT 7
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, CHARLES R
Address: 3085 WILLIAMSBURG CT
City-St-Zip: ORANGE PARK, FL 32065

Title: MGR (X) Change () Addition
Name: WILLIAMS, TORI D
Address: 3085 WILLIAMSBURG CT
City-St-Zip: ORANGE PARK, FL 32065

I hereby certify that the information supplied with this filing does not qualify for the 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: TORI WILLIAMS

MGR.

04/23/2007

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