

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90233 006 \*\*\*143.75

**DOCUMENT # L07000104841**

1. Entity Name  
4811 BEGGS ROAD, LLC



Principal Place of Business  
962 SOUTHRIDGE TRAIL  
ALTAMONTE SPRINGS, FL 32714

Mailing Address  
962 SOUTHRIDGE TRAIL  
ALTAMONTE SPRINGS, FL 32714

60016545



2. Principal Place of Business - No P.O. Box #  
City: Robert Mallard  
6245 Linnal Beach Dr.  
Apopka, FL 32703  
Zip: Country:

3. Mailing Address  
City: Robert Mallard  
6245 Linnal Beach Dr.  
Apopka, FL 32703  
Zip: Country:

01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-2127992 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
MALLARD, ROBERT N  
962 SOUTHRIDGE TRAIL  
ALTAMONTE SPRINGS, FL 32714

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: Robert N. Mallard President DATE: 3/20/08  
(NOTE: Registered Agent signature required when reinstating)

**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 MALLARD, ROBERT N 962 SOUTHRIDGE TRAIL ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Mallard 6245 Linnal Beach Dr. Apopka, FL 32703 <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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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: Robert N. Mallard DATE: 3-20-08 407-445-2283  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #