

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90128 015 ***138.75

DOCUMENT # L07000121240

1. Entity Name

MALABAR HOLDINGS, LLC



Principal Place of Business

**4754 KENANSVILLE RD.
ST. CLOUD FL 34773**

Mailing Address

**P.O. BOX 110189
PALM BAY FL 32911-0189**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/07)

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LARKIN, DAVID G
1900 S. HICKORY STREET, STE. A
MELBOURNE FL 32901**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

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 **MGRM** ☐ Delete
NAME **PALMER, WILLARD**
STREET ADDRESS **4754 KENANSVILLE RD.**
CITY-ST-ZIP **ST. CLOUD FL 34773**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **WILLARD PALMER**
STREET ADDRESS **PO BOX 110189**
CITY-ST-ZIP **PALM BAY FL 32911-0189**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Willard Palmer **WILLARD PALMER**

2-25-08

407-891-8400

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

Date

Printed Name