

2009

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

09 JUN -2 PM 1:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L08000086758
1. Entity Name Maitland Internet Holdings, LLC

DO NOT WRITE IN THIS SPACE	
----------------------------	--

2. Principal Place of Business 875 Concourse Pkwy. So. Suite, Apt. #, etc. Suite 125 City & State Maitland, FL Zip 32751-6150 Country USA	3. Mailing Address 875 Concourse Pkwy. So. Suite, Apt. #, etc. Suite 125 City & State Maitland, FL Zip 32751-6150 Country USA
--	--

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-3344703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

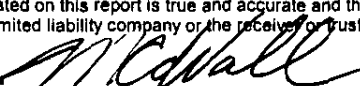
DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name del Valle, Manuel R.	
Street Address (P.O. Box Number is Not Acceptable) 7300 N.W. 19th St.	
Suite 101	
City Miami	FL Zip Code 33126

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2009 Fee will be \$538.75
Make Ck. Payable to Fla. Dept. of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MgrM del Valle, Manuel C. 640 Old Horatio Ave. Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 808, Florida Statutes.	
SIGNATURE: 	Manuel C. del Valle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 407-644-8781 Daytime Phone #