


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2008 8:00 am
Secretary of State

07-25-2008 90016 002 ***538.75

DOCUMENT # M07000003658			
1. Entity Name MALLVIEW, LLC			
Principal Place of Business 14 M. 7TH AVE. ST. CLOUD, MN 56303		Mailing Address 14 M. 7TH AVE. ST. CLOUD, MN 56303	
2. Principal Place of Business - No P.O. Box # 5013 Villa Madeleine		3. Mailing Address 5013 Villa Madeleine	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Christiansted, VI		City & State Christiansted, VI	
Zip 00820	Country USA	Zip 00820	Country USA
6. Name and Address of Current Registered Agent MEYER, LARRY AVILA BLDG #308, ANNUNCIATION CIRCLE AVE MARIA, FL 34142		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 <u>Larry Meyer</u> Larry Meyer, MGR. July 18, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			

50008952



07212008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0524326 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEYER, PEGGY 5013 VILLA MEDELEINE CHRISTIANSTED, VI 00820 <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: Larry Meyer **Larry Meyer** **7-18-2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #