

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000004647

**Entity Name:** PD MALTA, L.C.

**Current Principal Place of Business:**

100 WALLACE AVENUE  
SUITE 100  
SARASOTA, FL 34237

**Current Mailing Address:**

AX HOUSE, MOSTA ROAD  
LIJA MALTA  
LIJA MALTA, XX LJA90-10 XX

**FEI Number:** 65-1103007

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BONE, DAVID D  
100 WALLACE AVENUE, SUITE 100  
SARASOTA, FL 34237 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name XUEREB, ANGELO  
Address AX HOUSE, MOSTA ROAD  
City-State-Zip: LIJA, MALTA XX BZN-0

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANGELO XUEREB

MR

01/14/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date