

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000052812

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** MO HO CAPITAL VENTURES, LLC

**Current Principal Place of Business:**

2322 BUTLER BAY DRIVE N  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

2322 BUTLER BAY DR N  
WINDERMERE, FL 34786

**New Mailing Address:**

**FEI Number:** 83-0401690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GIBSON, LORI G  
2322 BUTLER BAY DR N  
WINDERMERE, FL 34786 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GIBSON, LORI G  
**Address:** 2322 BUTLER BAY DR N  
**City-St-Zip:** WINDERMERE, FL 34786

**Title:** MGRM  
**Name:** GARNER, JAY M  
**Address:** 799 WEST 2ND AVENUE  
**City-St-Zip:** WINDERMERE, FL 34786

**Title:** MGRM  
**Name:** HITE, RONALD V  
**Address:** 809 LAKE POINT DR  
**City-St-Zip:** PINEY FLATS, TN 37686

**Title:** MGRM  
**Name:** PUTMAN, GERALD H  
**Address:** 6271 MASEFIELD COURT  
**City-St-Zip:** ALEXANDRIA, VA 22304

**Title:** MGRM  
**Name:** STRICKLAND, LEWANN  
**Address:** 1413 WIRTS POINT DRIVE  
**City-St-Zip:** BABSON PARK, FL 33827

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** LORI G GIBSON

MGRM

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date