

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000076086

Entity Name: MOON RANCH LLC**Current Principal Place of Business:**659 MOON RANCH ROAD
SEBRING, FL 33870**Current Mailing Address:**2411 NW 35TH ST
BOCA RATON, FL 33431 US**FEI Number:** 45-5523965**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAUCE, FEDERICO
2411 NW 35TH ST
BOCA RATON, FL 33431 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 | DIR |
| Name | SAUCE, FEDERICO |
| Address | 2411 NW 35TH ST |
| City-State-Zip: | BOCA RATON FL 33431 |

| | |
|-----------------|-----------------------|
| Title | DIR |
| Name | BRILLEMBOURG, MARIE N |
| Address | 2411 NW 35TH ST |
| City-State-Zip: | BOCA RATON FL 33431 |

| | |
|-----------------|------------------------------|
| Title | DIR |
| Name | MEZERHANE, MASHUD |
| Address | 888 BRICKELL AVE SUITE # 400 |
| City-State-Zip: | MIAMI FL 33131 |

| | |
|-----------------|------------------------------|
| Title | DIR |
| Name | POLITO, FABIANA |
| Address | 888 BRICKELL AVE SUITE # 400 |
| City-State-Zip: | MIAMI FL 33131 |

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: FEDERICO SAUCE**DIRECTOR****04/01/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date