Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 16 DOGWOOD TRAIL DRIVE

Entity Name: MOONLIGHT MEMORIES LLC

OCALA, FL 34472

Current Mailing Address:

16 DOGWOOD TRAIL DRIVE OCALA. FL 34472 US

DOCUMENT# L18000203666

FEI Number: 83-2261423

Name and Address of Current Registered Agent:

SACO, PATRICIA M 16 DOGWOOD TRAIL DRIVE OCALA, FL 34472 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

Authorized Person(s) Detail :

Title	AP	Title	MANAGER
Name	SACO, STEVEN A	Name	SACO, PATRICIA MICHELLE
Address	16 DOGWOOD TRAIL DRIVE	Address	16 DOGWOOD TRAIL DRIVE
City-State-Zip:	OCALA FL 34472	City-State-Zip:	OCALA FL 34472

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: PATRICIA MICHELLE SACO

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

03/16/2020

Date

FILED Mar 16, 2020 Secretary of State 0729275868CC

Date