

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000203666

**Entity Name:** MOONLIGHT MEMORIES LLC

**Current Principal Place of Business:**

2780 SE 48TH ST  
OCALA, FL 34480

**Current Mailing Address:**

2780 SE 48TH ST  
OCALA, FL 34480 US

**FEI Number:** 83-2261423

**Certificate of Status Desired:** No

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

SACO, PATRICIA M  
2780 SE 48TH STREET  
OCALA, FL 34480 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	AP	Title	MANAGER
Name	SACO, STEVEN A	Name	SACO, PATRICIA MICHELLE
Address	2780 SE 48TH STREET	Address	2780 SE 48TH ST
City-State-Zip:	OCALA FL 34480	City-State-Zip:	OCALA FL 34480

*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

**MANAGER**

**01/31/2019**

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

\_\_\_\_\_  
Date