

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 30, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L01000011537**

1. Entity Name  
**MOE'S COLONIAL, LLC**

Principal Place of Business  
**232 SOUTH DILLARD STREET  
WINTER GARDEN, FL 34787**

Mailing Address  
**232 SOUTH DILLARD STREET  
WINTER GARDEN, FL 34787**

**DO NOT WRITE IN THIS SPACE**



03242005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**59-3735749**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MILLER, SOUTH & MILHAUSEN, P.A.  
C/O JEFFREY P. MILHAUSEN, ESQ.  
2699 LEE RD., STE. 120  
WINTER PARK, FL 32789**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DELISLE, STEVEN A  
232 SOUTH DILLARD STREET  
WINTER GARDEN, FL 34787**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BURDICK, MICHAEL  
232 SOUTH DILLARD STREET  
WINTER GARDEN, FL 34787**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000350213  
05/02/05-80096-008 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**STEVEN A. DELISLE 4/27/05 407-395-0001**