

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000010133**

1. Entity Name  
**MOSLE, LLC**



Principal Place of Business  
**2708 VICTOR HUGO DRIVE  
TALLAHASSEE, FL 32308**

Mailing Address  
**2708 VICTOR HUGO DRIVE  
TALLAHASSEE, FL 32308**



01032007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0678930**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**ERSTLING, MORTON  
2708 VICTOR HUGO DRIVE  
TALLAHASSEE, FL 32308**

**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

*Morton Erstling, Comptroller*  
(NOTE: Registered Agent signature required when reinstating)

*1/4/07*  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000578612  
01/08/07-80035-023 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
ERSTLING, SHEILA L  
2708 VICTOR HUGO DRIVE  
TALLAHASSEE, FL 32308**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

**SIGNATURE:**

*Morton Erstling, Comptroller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

*1/4/07 850 942-7505*  
Date Daytime Phone #