

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000011150

1. Entity Name
MOBIUS DEVELOPMENT, LLC



Principal Place of Business
11109 WINDPOINT DR.
TAMPA, FL 33635

Mailing Address
11109 WINDPOINT DR.
TAMPA, FL 33635



07032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0947581

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAVASIS, ANDREAS
11109 WINDPOINT DRIVE
TAMPA, FL 33635

**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 September 6, 2006**

1000000574265
08/14/06-80007-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VAVASIS, ANDREAS
11109 WINDPOINT DR.
TAMPA, FL 33635

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VAVASIS, HRISANTHI
11109 WINDPOINT DR.
TAMPA, FL 33635

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 608, Florida Statutes.

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

8/10/06
Date Daytime Phone #