

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000020970

1. Entity Name
MOSAIC PRODUCT DEVELOPMENT, LLC



Principal Place of Business
**810 DELANEY PARK DR.
ORLANDO, FL 32806**

Mailing Address
**810 DELANEY PARK DR.
ORLANDO, FL 32806**



03222005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1889368

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRAMUCHI, JOSEPH
810 DELANEY PARK DR.
ORLANDO, FL 32806**

**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
**MGRM
BRAMUCHI, JOSEPH J
810 DELANEY PARK DRIVE
ORLANDO, FL 32806**

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

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

000000289319
04/06/05-80022-013 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)(f), 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

3/23/05

Date

407.325.7903

Daytime Phone #