

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90379 021 \*\*\*\*50.00

**DOCUMENT # L03000012773**

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



Principal Place of Business  
**2611 EDGEWATER DR  
ORLANDO, FL 32804**

Mailing Address  
**232 SOUTH DILLARD ST.  
WINTER GARDEN, FL 34787**

**00043400**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**P.O. Box 606703**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**ORLANDO FL**

Zip

Country

Zip  
**32801-6703**

Country  
**USA**

01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**57-1161645**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DELISLE, STEVEN  
232 SOUTH DILLARD STREET  
WINTER GARDEN, FL 34787**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1515 PARK CENTER DRIVE**

**SUITE 2D**

City

**ORLANDO**

**FL**

Zip Code  
**32835**

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)

**4-25-07**

DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BURDICK, MIKE  
232 SOUTH DILLARD ST.  
WINTER GARDEN, FL 34787** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1515 PARK CENTER DRIVE SUITE 2D  
ORLANDO FL 32835** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1515 PARK CENTER DRIVE SUITE 2D  
ORLANDO FL 32835** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

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

**STEVEN DELISLE**

Date

Daytime Phone #

**4-25-07 407-395-6001**