

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000026632

1. Entity Name  
MECCA IV, L.L.C.



Principal Place of Business  
1591 S.E. PORT ST. LUCIE BLVD./SUITE A  
PORT ST. LUCIE, FL 34952

Mailing Address  
1591 S.E. PORT ST. LUCIE BLVD./SUITE A  
PORT ST. LUCIE, FL 34952



02212006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0526748

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SOPKO, JAMES  
853 S.E. MONTEREY COMMONS BLVD.  
STUART, FL 34995

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MECCA, JACK A  
1591 S.E. PORT ST. LUCIE BLVD./SUITE A  
PORT ST. LUCIE, FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MECCA, MARY C  
1591 S.E. PORT ST. LUCIE BLVD./SUITE A  
PORT ST. LUCIE, FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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CITY - ST - ZIP

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03/09/06-80030-009 150.00

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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:

*Jack Mecca* Jack A Mecca Managing Member 2/23/06 772 385-4660

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

Date

Daytime Phone #