

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000026632

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Entity Name:** MECCA IV, L.L.C.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-0526748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SOPKO, JAMES  
2300 S.E. MONTEREY ROAD  
SUITE 100  
STUART, FL 34996 US

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.

**SIGNATURE:**

03/15/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MECCA, JACK A  
**Address:** 1591 S.E. PORT ST. LUCIE BLVD./SUITE A  
**City-St-Zip:** PORT ST. LUCIE, FL 34952

**Title:** MGRM  
**Name:** MECCA, MARY C  
**Address:** 1591 S.E. PORT ST. LUCIE BLVD./SUITE A  
**City-St-Zip:** PORT ST. LUCIE, FL 34952

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 A MECCA

MGRM

03/15/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date