

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # L03000045665

1. Entity Name
THE WOODS OF MOCCASIN WALLOW, LLC



Principal Place of Business
**10 E. PALISADE AVE.
ENGLEWOOD, NJ 07631**

Mailing Address
**10 E. PALISADE AVE.
ENGLEWOOD, NJ 07631**

DO NOT WRITE IN THIS SPACE



03192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
74-3109472

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HEINLE, RICHARD A ESQ
POHL & SHORT, P.A.
280 W. CANTON AVE., STE. 410
WINTER PARK, FL 32789**

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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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000868204
04/08/08-80101-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
SHMALO, NATHAN
10 E. PALISADE AVE.
ENGLEWOOD, NJ 07631**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
FISH, FREDERICK
10 E. PALISADE AVE.
ENGLEWOOD, NJ 07631**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
ZIRKELBACH, ALLAN
10 E. PALISADE AVE.
ENGLEWOOD, NJ 07631**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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: _____

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

Date _____

Daytime Phone # _____