

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045665

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE WOODS OF MOCCASIN WALLOW, LLC

Current Principal Place of Business:

10 E. PALISADE AVE.
ENGLEWOOD, NJ 07631

New Principal Place of Business:

Current Mailing Address:

10 E. PALISADE AVE.
ENGLEWOOD, NJ 07631

New Mailing Address:

10 E. PALISADE AVE.
ENGLEWOOD, NJ 07631

FEI Number: 74-3109472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHMALO, NATHAN
Address: 10 E. PALISADE AVE.
City-St-Zip: ENGLEWOOD, NJ 07631

Title: MGR () Delete
Name: FISH, FREDERICK
Address: 10 E. PALISADE AVE.
City-St-Zip: ENGLEWOOD, NJ 07631

Title: MGR () Delete
Name: ZIRKELBACH, ALLAN
Address: 10 E. PALISADE AVE.
City-St-Zip: ENGLEWOOD, NJ 07631

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: NATHAN SHMALO

MGR

04/27/2009

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