


**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

30007100

DOCUMENT # L04000002538

1. Entity Name  
STREGA MOON CANDLE LLC



04-22-2005 90046 045 \*\*\*\*50.00

Principal Place of Business  
2818 ROBINETTE DRIVE  
ORANGE PARK, FL 32073

Mailing Address  
2818 ROBINETTE DRIVE  
ORANGE PARK, FL 32073

30007100

2. Principal Place of Business

3. Mailing Address

4. FEI Number  
61-1485696

Applied For  
Not Applicable

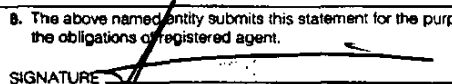
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

61052005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent  
MORIN, ANGELA M.  
2818 ROBINETTE DRIVE  
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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  Angela Morin 4/8/05

Filing Fee is \$30.00 Due by May 1, 2008

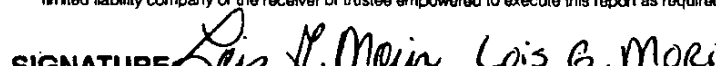
Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEO R. MORIN JR 2818 Robinette Dr ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOIS G MORIN 2818 Robinette DR ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Candice L Morin 2818 Robinette DR ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANGELA M. MORIN 2818 Robinette DR ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE  Lois G. Morin 4/8/05 904-215-4581

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

Date Daytime Phone #