

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002538

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: STREGA MOON CANDLE LLC

**Current Principal Place of Business:**

2818 ROBINETTE DRIVE  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

2818 ROBINETTE DRIVE  
ORANGE PARK, FL 32073

**New Mailing Address:**

FEI Number: 61-1485696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORIN, ANGELA M  
2818 ROBINETTE DRIVE  
ORANGE PARK, FL 32073 US

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

MORIN, LOIS G  
2818 ROBINETTE DRIVE  
ORANGE PARK, FL 32073 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: LOIS G MORIN

04/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MORIN, JR, LEO R  
Address: 2818 ROBINETTE DR  
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM ( ) Delete  
Name: MORIN, LOIS G  
Address: 2818 ROBINETTE DR  
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM ( ) Delete  
Name: MORIN, CANDICE L  
Address: 8401 SOUTHSIDE BLVD APT 1010  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM ( ) Delete  
Name: MORIN, ANGELA M  
Address: 8401 SOUTHSIDE BLVD APT 1010  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES:**

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

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

Title: MGRM (X) Change ( ) Addition  
Name: MORIN, CANDICE L  
Address: 2818 ROBINETTE DRIVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM (X) Change ( ) Addition  
Name: MORIN, ANGELA M  
Address: 2818 ROBINETTE DRIVE  
City-St-Zip: ORANGE PARK, FL 32073

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: LOIS G MORIN

MGRM

04/16/2009

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