

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090853

Entity Name: FULL MOON FAMILY L.L.C.

FILED  
Jan 05, 2010  
Secretary of State

## Current Principal Place of Business:

5612 LANCELOT LN  
CAPE CORAL, FL 33914 US

## New Principal Place of Business:

5848 SILVERY LN.  
FORT MYERS, FL 33919 US

## Current Mailing Address:

5612 LANCELOT LN  
CAPE CORAL, FL 33914 US

## New Mailing Address:

5848 SILVERY LN.  
FORT MYERS, FL 33919 US

FEI Number: 20-2025371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLT, LINDY C  
5612 LANCELOT LN  
CAPE CORAL, FL 33914 US

## Name and Address of New Registered Agent:

HOLT, LINDY C  
5848 SILVERY LN  
FORT MYERS, FL 33919 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: LINDY HOLT

01/05/2010

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR  
Name: HOLT, LINDY C  
Address: 5848 SILVERY LN.  
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM  
Name: HOLT, PATRICK P  
Address: 5848 SILVERY LN.  
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM  
Name: HOLT, KATHRYN R  
Address: 5848 SILVERY LN.  
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM  
Name: HOLT, MEGAN M  
Address: 5848 SILVERY LN.  
City-St-Zip: FORT MYERS, FL 33919 US

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: LINDY HOLT

OWNE

01/05/2010

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