2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000094366

1. Entity Name
MAMORETA, LLC

Principal Place of Business	Mailing Address
1655 27TH STREET SUITE 2 VERO BEACH, FL 32960	1655 27TH STREET SUITE 2 VERO BEACH, FL 32960

02142007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2419044
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOLER, STEPHEN E
336 EGRET LANE
VERO BEACH, FL 32963

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MASTELLER, EARL H
STREET ADDRESS	869 ROBIN LANE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	MGRM
NAME	MOLER, STEPHEN E
STREET ADDRESS	336 EGRET LANE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	MGRM
NAME	REED, RODNEY L
STREET ADDRESS	781 GOSSAMER WING WAY
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	MGRM
NAME	TAYLOR, DAVID M
STREET ADDRESS	1225 26TH AVENUE
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/07-80023-013 150.00

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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: Earl H. Masteller EARL H. MASTELLER 3/9/07 772-567-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #