

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035289

FILED  
Jun 17, 2008  
Secretary of State

Entity Name: MOSAIC DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:**

20614 NW 11 AVE  
MIAMI GARDENS, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

20614 NW 11 AVE  
MIAMI GARDENS, FL 33169

**New Mailing Address:**

FEI Number: 20-2656940      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WILKEY, PHILOSSAINT  
20614 NW 11 AVE  
MIAMI GARDENS, FL 33169      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOLDER, ALLAN S  
Address: 20523 NW 11 AVE  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: MGRM ( ) Delete  
Name: PHILOSSAINT, WILKEY  
Address: 20614 NW 11 AVE  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: MGRM ( ) Delete  
Name: PHILOSSAINT, LAUORE L  
Address: 20614 NW 11 AVE  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: MGRM ( ) Delete  
Name: LAFORTUNE, NERE G  
Address: 25472 SW 122 COURT  
City-St-Zip: PRINCETON, FL 33032 US

Title: MGRM ( ) Delete  
Name: ALCE, HANS  
Address: 149 NW 158 STREET  
City-St-Zip: MIAMI, FL 33169 US

**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:

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: ALLAN HOLDER

MGRM

06/17/2008

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