

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000035289

**FILED**  
**Jan 10, 2010**  
**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 ( )**

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

WILKEY, PHILOSSAINT  
20614 NW 11 AVE  
MIAMI GARDENS, FL 33169 US

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

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  
**Name:** HOLDER, ALLAN S  
**Address:** 20523 NW 11 AVE  
**City-St-Zip:** MIAMI GARDENS, FL 33169

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

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

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

**Title:** MGRM  
**Name:** ALCE, HANS  
**Address:** 149 NW 158 STREET  
**City-St-Zip:** MIAMI, FL 33169 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:** ALLAN HOLDER

MGRM

01/10/2010

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