

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048428

FILED  
Sep 16, 2010  
Secretary of State

**Entity Name:** PALE MOON ESTATES LLC

**Current Principal Place of Business:**

4 PARKDALE DRIVE  
NORTH BABYLON, NY 117033306

**New Principal Place of Business:**

4 PARKDALE DRIVE  
NORTH BABYLON, NY 11703 US

**Current Mailing Address:**

4 PARKDALE DRIVE  
NORTH BABYLON, NY 117033306

**New Mailing Address:**

4 PARKDALE DRIVE  
NORTH BABYLON, NY 11703 US

FEI Number: 20-2902248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEIN, JOSHUA  
1210 NW 11TH AVENUE  
APT # 2  
GAINESVILLE, FL 32601 US

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

STEIN, JOSHUA  
3813 SE 34TH STREET  
BLDG H APT 29  
GAINESVILLE, FL 32608 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

09/16/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STERLING, PETER  
Address: 11 RAEBURN COURT  
City-St-Zip: BABYLON, NY 11702

Title: MGRM  
Name: ASFOUR, MICHAEL  
Address: 10 RED MAPLE LANE  
City-St-Zip: DIX HILLS, NY 11746

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: PETER STERLING

MGRM

09/16/2010

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