


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90115 033 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L05000060855</b><br>1. Entity Name<br><b>MOCCASIN VILLAGE, LLC</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>8215 BLAIRE CT<br/>113<br/>SARASOTA, FL 34240</b> | Mailing Address<br><b>8215 BLAIRE CT<br/>113<br/>SARASOTA, FL 34240</b> |
|---|---|



04132007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number<br><b>20-3024630</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**DIVALD, YARON  
8215 BLAIRE CT  
113  
SARASOTA, FL 34240**

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IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRM<br/>DEVALD, YARON<br/>8215 BLAIRE CT<br/>SARASOTA, FL 34240</b> |
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/07 941-302-6129