

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000083181**

1. Entity Name  
**MOE'S SOUTHWEST GRILL THE VILLAGES, LLC**



Principal Place of Business  
**670 U.S. HIGHWAY 441 NORTH  
THE VILLAGES, FL 32159**

Mailing Address  
**6020 WINTHROP TOWN CENTRE AVENUE  
RIVERVIEW, FL 33569**



01082007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3385952</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

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

**FRIEL, ANTONY G  
6020 WINTHROP TOWN CENTRE AVENUE  
RIVERVIEW, FL 33569**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DISSER, MICHAEL D 6020 WINTHROP TOWN CENTRE AVENUE RIVERVIEW, FL 33569</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FRIEL, ANTONY G 6020 WINTHROP TOWN CENTRE RIVERVIEW, FL 33569</b>
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04/09/07-80018-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

**3/21/07**

Use

Daytime Phone #