

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000117446

1. Entity Name
CANDLELIGHT MOBILE HOME PARK, LLC



Principal Place of Business
**2000 N. VOLUSIA AVENUE
A-24
ORANGE CITY, FL 32763**

Mailing Address
**373 CADDIE DR
DEBARY, FL 32713**

FILED
Jul 07, 2008 08:00 AM
Secretary of State



07022008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3528244

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAZZOLA, MARIO
2000 N. VOLUSIA AVENUE #A24
ORANGE CITY, FL 32763**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MAZZOLA, MARIO
2000 N. VOLUSIA AVE #A24
ORANGE CITY, FL 32763**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MAZZOLA, ANN
2000 N. VOLUSIA AVE #A24
ORANGE CITY, FL 32763**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000953510
07/07/08-80001-001 143.75

**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:

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

Mario Mazzola
7/2/08

Date

386-456-0531

Daytime Phone #