


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000058824	
1. Entity Name MECCA IV OF SEBRING, LLC	

Principal Place of Business 1591 SE PORT ST LUCIE BLVD. SUITE A PORT ST LUCIE, FL 34952 US	Mailing Address 1591 SE PORT ST LUCIE BLVD. SUITE A PORT ST LUCIE, FL 34952 US
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DO NOT WRITE IN THIS SPACE



01302008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0526748	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
SOPKO, JAMES 853 SE MONTEREY COMMONS BLVD. STUART, FL 34995	

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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MECCA, JACK A., 1591 SE PORT ST LUCIE BLVD., SUITE A PORT ST LUCIE, FL 34952
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04/30/08-80050-024 138.75

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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: *Jack A. Mecca* **Jack A Mecca** **4/18/08 772 935-4660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #