2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 06, 2007 8:00 am
Secretary of State

05-09-2007 90032 021 ****50.00

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1. Entity Name

MYSTICAL MOON, LLC

Principal Place of Business	Mailing Address
9114 58TH DRIVE EAST STE 101 BRADENTON FL 34202	9114 58TH DRIVE EAST STE 101 BRADENTON FL 34202

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10868 FOREST Run Dr	10868 Forest Run Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton FL	City & State: Bradenton FL
Zip: 34211 Country: USA	Zip: FL 34211 Country: USA

st MOORE CR2E083 (10/06)

4. FEI Number: 14-1972528 ~~[illegible]~~ 14 1972528 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONSTANTINO, PAULETTE 10868 FOREST RUN DRIVE BRADENTON FL 34211	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Paulette Constantino
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONSTANTINO, PAULETTE 10868 FOREST RUN DRIVE BRADENTON FL 34202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Paulette Constantino

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