

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90039 008 *****50.00

DOCUMENT # L06000078662

1. Entity Name

MOCCASIN GAP, LLC



Principal Place of Business

Mailing Address

27846 SHIRLEY SHORES ROAD
TAVARES FL 32778
US

27846 SHIRLEY SHORES ROAD
TAVARES FL 32778
US



2. Principal Place of Business - No P.O. Box #

1513 Touchton Road

3. Mailing Address

1513 Touchton Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Lutz, Florida

City & State

Lutz, Florida

4. FEI Number

205399427

Applied For

Not Applicable

Zip
33549

Country
US

Zip
33549

Country
US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, THOMAS
27846 SHIRLEY SHORES ROAD
TAVARES FL 3278

7. Name and Address of New Registered Agent

Name Charles S. Allen

Street Address (P.O. Box Number is Not Acceptable)

1513 Touchton Road

City Lutz

FL

Zip Code
33549

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 Charles S. Allen Charles S. Allen

4-17-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WALKER, THOMAS
STREET ADDRESS 27846 SHIRLEY SHORES ROAD
CITY-ST-ZIP TAVARES FL 32778

TITLE MGRM ☐ Delete
NAME LOPEZ, TIMOTHY
STREET ADDRESS 929 BEACON AVENUE
CITY-ST-ZIP TAMPA FL 33603

TITLE MGRM ☐ Delete
NAME GUIDICE, RICHARD
STREET ADDRESS 4208 E. MILLER AVENUE
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME Charles S. Allen
STREET ADDRESS 1513 Touchton Road
CITY-ST-ZIP Lutz, FL 33549

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Charles S. Allen Charles S. Allen (steve) 4-17-07 813-918-1229

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

Date

Daytime Phone #