

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000078662

1. Entity Name  
MOCCASIN GAP, LLC



**FILED**  
**Jul 09, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business

1513 TOUCHTON RD  
LUTZ, FL 33549 US

Mailing Address

1513 TOUCHTON RD  
LUTZ, FL 33549 US

**DO NOT WRITE IN THIS SPACE**



07072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-5399427

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, CHARLES S  
1513 TOUCHTON RD  
LUTZ, FL 33549

**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 Charles S. Allen 7-7-08  
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.

U000000953833  
07/09/08-80007-018 138.75

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ALLEN, CHARLES S  
1513 TOUCHTON RD  
LUTZ, FL 33549

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: Charles S. Allen 7-7-08 813-918-1229  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #