2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# L06000078662

Entity Name: MOCCASIN GAP, LLC

Current Principal Place of Business:

1513 TOUCHTON RD
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

1513 TOUCHTON RD
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 20-5399427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, CHARLES S
1513 TOUCHTON RD
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	WALKER, THOMAS	
Address:	27846 SHIRLEY SHORES ROAD	
City-St-Zip:	TAVARES, FL 32778 US	
Title:	MGRM	( ) Delete
Name:	LOPEZ, TIMOTHY	
Address:	929 BEACON AVENUE	
City-St-Zip:	TAMPA, FL 33603 US	
Title:	MGRM	( ) Delete
Name:	GUIDICE, RICHARD	
Address:	4208 E. MILLER AVENUE	
City-St-Zip:	TAMPA, FL 33617 US	
Title:	MGRM	( ) Delete
Name:	ALLEN, CHARLES S	
Address:	1513 TOUCHTON RD	
City-St-Zip:	LUTZ, FL 33549	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MGRM 01/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date