

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000078662

Entity Name: MOCCASIN GAP, LLC

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**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  
Name: WALKER, THOMAS  
Address: 27846 SHIRLEY SHORES ROAD  
City-St-Zip: TAVARES, FL 32778 US

Title: MGRM  
Name: LOPEZ, TIMOTHY  
Address: 929 BEACON AVENUE  
City-St-Zip: TAMPA, FL 33603 US

Title: MGRM  
Name: GUIDICE, RICHARD  
Address: 4208 E. MILLER AVENUE  
City-St-Zip: TAMPA, FL 33617 US

Title: MGRM  
Name: ALLEN, CHARLES S  
Address: 1513 TOUCHTON RD  
City-St-Zip: LUTZ, FL 33549

I hereby 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

02/09/2011

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