

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90018 040 ****50.00

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02052005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000072047

1. Entity Name
1100 EAST MOODY LLC

Principal Place of Business Mailing Address
34 VAN DOREN AVENUE 34 VAN DOREN AVENUE
SOMERSET, NJ 08873 SOMERSET, NJ 08873

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **20-1725839** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

NOWELL, SIDNEY M
1100 EAST MOODY BLVD
BUNNELL, FL 32110

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1100 East Moody Blvd
City **Bunnell** FL Zip Code **32110**

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	QUINN, MARK L	
STREET ADDRESS	34 VAN DOREN AVENUE	
CITY-ST-ZIP	SOMERSET, NJ 08873	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	QUINN, OLIVER B	
STREET ADDRESS	201 PEMBERTON AVENUE	
CITY-ST-ZIP	PLAINFIELD, NJ 07060	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NOWELL, SIDNEY M	
STREET ADDRESS	1100 EAST MOODY BLVD	
CITY-ST-ZIP	BUNNELL, FL 32110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1100 E. Moody Blvd.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mark L. Quinn Mark L. Quinn 2/6/05 732.672.3019

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