2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000071896

1. Entity Name

NEIGHBORS MOVING & STORAGE OF SOUTH FLORIDA, LLC



US

FILED Apr 21, 2008 08:00 AN Secretary of State

Principal Place of Business

1571 W COPANS RD SUITE 101 POMPANO BEACH, FL 33044 US Mailing Address

1571 W COPANS RD SUITE 101 POMPANO BEACH, FL 33044

...

04042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-1701356

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

HOMERICA SECTION

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MASSARO, LOUIS 1571 W. COPANS RD. SUITE 101 POMPANO BEACH, FL 33044

DO NOT WRITE IN THIS SPACE

 the above named entity submits this statement for the purpose of change the obligations of registered agent. 	ing its registered office or registered agent, or bo	in the State of Florida. If an Hamilian with, and accept
SIGNATURE		
Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstaling)	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	U5/U8/U8-8U022-006 143.7
TITLE	MGR	OU CON CO COOLE DOG 110.1
NAME	MASSARO, LOUIS	
STREET ADDRESS	1571 W COPANS RD SUITE 101	
CITY-ST-ZIP	POMPANO BEACH, FL 33044	
TITLE	MGRM	
NAME	MASSARO, LOUIS	La tradica to the same that he would be a
STREET ADDRESS	1571 W COPANS RD SUITE 101	
CITY-ST-ZIP	POMPANO BEACH, FL 33044	
TITLE		
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TITLE		
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CITY ST-ZIP		

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 fegal 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:

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

4-14-08 954-385

Daytime Phone *