2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L04000071896

Entity Name: NEIGHBORS MOVING & STORAGE OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

1571 W COPANS RD SUITE 101
POMPANO BEACH, FL 33064 US

Current Mailing Address:

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

New Mailing Address:

1571 W COPANS RD SUITE 101
POMPANO BEACH, FL 33064 US

FEI Number: 20-1701356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MASSARO, LOUIS
1571 W. COPANS RD. SUITE 101
POMPANO BEACH, FL 33064 US

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: LOUIS MASSARO 01/15/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MASSARO, LOUIS
Address: 1571 W COPANS RD SUITE 101
City-St-Zip: POMPANO BEACH, FL 33044 US

Title: MGRM ( ) Delete
Name: MASSARO, LOUIS
Address: 1571 W COPANS RD SUITE 101
City-St-Zip: POMPANO BEACH, FL 33044 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MASSARO, LOUIS
Address: 1571 W COPANS RD SUITE 101
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: MGRM (X) Change ( ) Addition
Name: MASSARO, LOUIS
Address: 1571 W COPANS RD SUITE 101
City-St-Zip: POMPANO BEACH, FL 33064 US

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: LINDSAY NORMAN MS. 01/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date