

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000024456

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

**Entity Name:** NEIGHBORS MOVING & STORAGE OF ORLANDO, LLC

**Current Principal Place of Business:**

7313 PRESIDENTS DR  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

1571 W COPANS RD SUITE 101  
POMPANO BEACH, FL 33044

**New Mailing Address:**

1571 W COPANS RD SUITE 101  
POMPANO BEACH, FL 33064

**FEI Number:** 33-1062951

**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

01/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

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

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

01/16/2009

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