

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000045557

**Entity Name:** MOORES CREEK, LLC

**Current Principal Place of Business:**

1849 CAPITAL MEDICAL CT  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

BOX 12517  
TALLAHASSEE, FL 32317

**FEI Number:** 20-8977705

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOORE, M  
1849 CAPITAL MEDICAL CT  
TALLAHASSEE, FL 32308 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:** M MOORE AMBR

04/29/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	MOORE, MARK	Name	MOORE, LISA
Address	BOX 12517	Address	BOX 12517
City-State-Zip:	TALLAHASSEE FL 32317	City-State-Zip:	TALLAHASSEE FL 32317

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK MOORE

AMBR

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date