FEI Number: 20-8977705			Certificate of Status Des	ired: 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				04/29/2022
	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	

Current Mailing Address:

BOX 12517

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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

AMBR

04/29/2022

2022 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

TALLAHASSEE, FL 32317

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 29, 2022 **Secretary of State** 9862058073CC