

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000060576

**Entity Name:** M.O.A.M., LLC

**Current Principal Place of Business:**

C/O LARRY KAUFFMAN  
116 NORTH BELLEVUE AVENUE, SUITE 300  
LANGHORNE, PA 19047

**Current Mailing Address:**

C/O LARRY KAUFFMAN  
116 NORTH BELLEVUE AVENUE, SUITE 300  
LANGHORNE, PA 19047

**FEI Number:** 45-5251762

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name RIVERS, AUSTIN J  
Address 116 NORTH BELLEVUE AVENUE,  
SUITE 300  
City-State-Zip: LANGHORNE PA 19047

*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:** AUSTIN J. RIVERS

**MANAGER**

**01/17/2018**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date