

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000099579

**Entity Name:** MO-MU, LLC

**Current Principal Place of Business:**

2055 BEACH AVE  
ATLANTIC BEACH, 32233

**Current Mailing Address:**

2055 BEACH AVE  
ATLANTIC BEACH, 32233 UN

**FEI Number:** 50-8094627

**Certificate of Status Desired:** No

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

SYNAN, TRACY  
2055 BEACH AVE.  
ATLANTIC BEACH, FL 32233 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 MEMBER MANAGER  
Name SYNAN, TRACY  
Address 2055 BEACH AVE  
City-State-Zip: ATLANTIC BEACH 32233

Title AUTHORIZED MEMBER  
Name NOTTMEIER, ERIC  
Address 2055 BEACH AVE.  
City-State-Zip: ATLANTIC BEACH FL 32233

Title AUTHORIZED MEMBER  
Name KEANE, KRISTIN  
Address 15343 HIGHCROFT DR.  
City-State-Zip: CHESTERFIELD DR. MO 63017

Title AUTHORIZED MEMBER  
Name KEANE, DAVID  
Address 15343 HIGHCROFT DR.  
City-State-Zip: CHESTERFIELD DR. MO 63017

*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:** TRACY SYNAN

MEMBER MANAGER

01/16/2017

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

\_\_\_\_\_  
Date