

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000099579

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

**Current Principal Place of Business:**

1875 BEACH AVE  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

1875 BEACH AVE  
ATLANTIC BEACH, FL 32233 UN

**FEI Number:** 50-8094627

**Certificate of Status Desired:** No

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

SYNAN, TRACY  
1875 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 MGRM  
Name SYNAN, TRACY  
Address 1875 BEACH AVE.  
City-State-Zip: ATLANTIC BEACH FL 32233

Title MGRM  
Name NOTTMEIER, ERIC  
Address 1875 BEACH AVE.  
City-State-Zip: ATLANTIC BEACH FL 32233

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

Title MGRM  
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TRACY SYNAN

MGRM

04/22/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date