

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003829

Entity Name: MOEGAL LLC

FILED  
Jul 11, 2007  
Secretary of State

## Current Principal Place of Business:

17525 BRADDOCK ROAD  
FT. MYERS, FL 33912

## New Principal Place of Business:

17525 BRADDOCK ROAD  
FT. MYERS, FL 33967 US

## Current Mailing Address:

17525 BRADDOCK ROAD  
FT. MYERS, FL 33912

## New Mailing Address:

17525 BRADDOCK ROAD  
FT. MYERS, FL 33967 US

FEI Number: 65-0995256      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

GALABINSKI, MARTIN  
17525 BRADDOCK ROAD  
FT. MYERS, FL 33912 US

## Name and Address of New Registered Agent:

GALABINSKI, MARTIN  
17525 BRADDOCK ROAD  
FT. MYERS, FL 33967 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: \_\_\_\_\_

07/11/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GALABINSKI, MARTIN  
Address: 17525 BRADDOCK ROAD  
City-St-Zip: FT. MYERS, FL 33912

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GALABINSKI, MARTIN  
Address: 17525 BRADDOCK ROAD  
City-St-Zip: FT. MYERS, FL 33967

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: MARTIN GALABINSKI

MGRM

07/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date