

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90034 046 \*\*\*143.75

**DOCUMENT # L00000005841**

1. Entity Name  
**MO'TREES, L.L.C.**



Principal Place of Business  
**380 LURTON STREET  
PENSACOLA, FL 32505**

Mailing Address  
**PO BOX 2323  
PENSACOLA, FL 32513-2323**

**00000000**



04222008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3654893**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BOND, WILLIAM E JR  
125 WEST ROMANA STREET, SUITE 800  
PENSACOLA, FL 32501**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MOULTON, JAMES C  
380 LURTON STREET  
PENSACOLA, FL 32505**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MOULTON, ROBERT W  
380 LURTON STREET  
PENSACOLA, FL 32505**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MOULTON, MARY  
380 LURTON STREET  
PENSACOLA, FL 32505**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MOULTON, MARTHA  
380 LURTON STREET  
PENSACOLA, FL 32505**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Mary Moulton Manager* **MARY MOULTON** 4/25/08 (850) 438-5655