LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

3/14/2003-90006-011-$50.00-$50.00

DOCUMENT # L00000015226

1. Entity Name

MOUDY AND ASSOCIATES, LLC

FILED

03 APR -7 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2910 KERRY FOREST PKWY	2910 KERRY FOREST PKWY
Suite, Apt. #, etc.: D4-146	Suite, Apt. #, etc.: D4-146
City & State: TALLAHASSEE FL	City & State: TALLAHASSEE FL
Zip: 32309 Country: USA	Zip: 32309 Country: USA

4. FEI Number 300038076 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Alan M. Moudy

Street Address (P.O. Box Number is Not Acceptable): 2910 Kerry Forest Pkwy D4-146

City: Tallahassee FL Zip Code: 32309

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	ALAN M MOUDY
STREET ADDRESS	2910 KERRY FOREST PKWY D4-146
CITY-ST-ZIP	TALLAHASSEE FL 32309
TITLE	
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 3/12/03 4130244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #