

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 23, 2004 08:00 AM
Secretary of State**

DOCUMENT # L01000003812

1. Entity Name
MOULTRIE-CFS, LLC



Principal Place of Business
**2963 DUPONT AVE. SUITE 2
JACKSONVILLE, FL 32217**

Mailing Address
**2963 DUPONT AVE. SUITE 2
JACKSONVILLE, FL 32217**



04202004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3739294

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SKINNER, CHRISTOPHER F
2963 DUPONT AVE. SUITE 2
JACKSONVILLE, FL 32217**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000126848
04/23/04-80050-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SKINNER, CHRISTOPHER F
2963 DUPONT AVE. SUITE 2
JACKSONVILLE, FL 32217**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: C.F. Skinner CHRISTOPHER F. SKINNER 4-21-04 904-737-4915

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

Date

Daytime Phone #