

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90108 042 ****50.00

DOCUMENT # L02000007390

1. Entity Name
MORELAND RENTALS, LLC



Principal Place of Business

117 LAKE LORRAINE CIR.
SHALIMAR FL 32579

Mailing Address

117 LAKE LORRAINE CIR.
SHALIMAR FL 32579

2. Principal Place of Business

3705 Scenic Hwy 98

3. Mailing Address

3705 Scenic Hwy 98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, Florida

City & State

Destin, Florida

Zip

Country

32541

USA

Zip

Country

32541

USA

4. FEI Number

03-0424666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORELAND, DOUGLAS G
117 LAKE LORRAINE CIR.
SHALIMAR FL 32579

Name

Douglas G. Moreland

Street Address (P.O. Box Number is Not Acceptable)

3705 Scenic Hwy 98 #4

City

Destin

FL

Zip Code

32541

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 \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **mgr** ☐ Delete
NAME **Paula Moreland**
STREET ADDRESS **3705 Scenic Hwy 98 #4**
CITY-ST-ZIP **Destin, Florida 32541**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE REQUIRED Paula Moreland

1-8-03

1-850-650-9171

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

Date

Daytime Phone #

CR2E083 (10/02)