## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022324

Entity Name: ANGELA MOSS POOLE LLC

FILED Apr 12, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4909 NORTH MONROE STREET 118 SALEM COURT TALLAHASSEE, FL 32303

SUITE A

TALLAHASSEE, FL 32301 US

**Current Mailing Address: New Mailing Address:** 

POST OFFICE BOX 4045

City-St-Zip:

TALLAHASSEE, FL 32315 US

FEI Number: 02-0645250 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POOLE, ANGELA M CPA 5269 WATER VALLEY DRIVE TALLAHASSEE, FL 32303

POOLE, ANGELA M CPA 118 SALEM COURT SUITE A

TALLAHASSEE, FL 32301 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: 04/12/2004

> Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MEMBERS:**

## ADDITIONS/CHANGES:

() Delete MGRM (X) Change ( ) Addition POOLE, ANGELA M CPA POOLE, ANGELA M CPA Name: Name: Address:

5269 WATER VALLEY DRIVE Address: POST OFFICE BOX 4045 TALLAHASSEE, FL 32303 US City-St-Zip: TALLAHASSEE, FL 32301 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANGELA M. POOLE **MGRM** 04/12/2004