

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90196 029 ****50.00

DOCUMENT # L02000027031

1. Entity Name

MOLDY HOLDINGS, LLC.



Principal Place of Business

**20791 BOCA RIDGE DRIVE
BOCA RATON FL 33428
US**

Mailing Address

**20791 BOCA RIDGE DRIVE
BOCA RATON FL 33428**

2. Principal Place of Business

1130 SOUTH POWERLINE RD

3. Mailing Address

1130 SOUTH POWERLINE RD

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

Zip

33442

Country

USA

MOORE

CR2E083 (11/03)

4. FEI Number

74-3064397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOLONEY, DENNIS
20791 BOCA RIDGE DRIVE
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Dennis Moloney

DENNIS MOLONEY

2-5-04

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
MOCONDY, DENNIS
20791 BOCA RIDGE DR
BOCA RATON FL 33428**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MOLONEY

☒ Change ☐ Addition
spelling

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
RALPH POKORNY
159 OREGON LN (OREGON)
BOCA RATON, FL 33487**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Dennis Moloney

DENNIS MOLONEY

2-5-04

954-570-7670

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

Date

Daytime Phone #