

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90228 018 ****50.00

DOCUMENT # L02000027031

1. Entity Name
MOLDY HOLDINGS, LLC.



Principal Place of Business
**1130 SOUTH POWERLINE RD
SUITE 101
DEERFIELD BEACH, FL 33442 US**

Mailing Address
**1130 SOUTH POWERLINE RD
SUITE 101
DEERFIELD BEACH, FL 33442 US**

2. Principal Place of Business
**601 NO. CONGRESS AVE.
Suite, Apt. #, etc.
SUITE 111-A**

3. Mailing Address
**601 NO. CONGRESS AVE
Suite, Apt. #, etc.
111-A**

City & State
DEIRAY BEACH, FL
Zip
33445 Country
US

City & State
DEIRAY BEACH, FL
Zip
33445 Country
US

02202006 Chg-LLC CR2E083 (11/05)

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 K. Moloney**
Signature, typed or printed name of registered agent and title if applicable.

DENNIS K. MOLONEY
(NOTE: Registered Agent signature required when reinstating)

2-20-06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MOLONEY, DENNIS
20791 BOCA RIDGE DR
BOCA RATON, FL 33428** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
POKORNY, RALPH
159 OREGON LN
BOCA RATON, FL 33487** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
 ☐ Delete

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TITLE
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CITY-ST-ZIP
 ☐ Delete

10. ADDITIONS/CHANGES

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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 ☐ 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 exemptions contained in Chapter 119, 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 K. Moloney**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

561-445-5654

DENNIS K. MOLONEY 2-20-06