

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000005965

1. Entity Name

C & J MOORE INVESTMENTS, LLC



Principal Place of Business

5329 ISLEWORTH COUNTRY CLUB DRIVE
WINDERMERE, FL 34786

Mailing Address

5329 ISLEWORTH COUNTRY CLUB DRIVE
WINDERMERE, FL 34786



03082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FE# Number

51-0448513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MOORE, CECIL D
5329 ISLEWORTH COUNTRY CLUB DRIVE
WINDERMERE, FL 34786

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MOORE, CECIL D
STREET ADDRESS	5329 ISLEWORTH COUNTRY CLUB DRIVE
CITY- ST- ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
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NAME	
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CITY- ST- ZIP	

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03/29/07-80048-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

3-15-07 407-9091437