

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000012631

1. Entity Name
PAMELA S. MOODY, LLC



Principal Place of Business
777 S. FLAGLER DRIVE, SUITE 300E
C/O GARY DUNKEL
WEST PALM BEACH, FL 33401

Mailing Address
777 S. FLAGLER DRIVE, SUITE 300E
C/O GARY DUNKEL
WEST PALM BEACH, FL 33401



01162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0010672

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNKEL, GARY M
777 S. FLAGLER DRIVE, SUITE 300E
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

6. 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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MOODY, PAMELA S
STREET ADDRESS	% GARY DUNKEL, 777 S. FLAGLER DR #300E
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	
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000000427482
02/21/06-80009-013 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 #

Pamela Moody 2-3-06 561-452-2930