

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000024456**

1. Entity Name  
**NEIGHBORS MOVING & STORAGE OF ORLANDO, LLC**



Principal Place of Business  
**7313 PRESIDENTS DR  
ORLANDO, FL 32809**

Mailing Address  
**1571 W COPANS RD SUITE 101  
POMPANO BEACH, FL 33044**



04042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**33-1062951**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

**C. Name and Address of Current Registered Agent**

**MASSARO, LOUIS  
1571 W. COPANS RD., SUITE 101  
POMPANO BEACH, FL 33044**

**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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MASSARO, LOUIS  
1571 W COPANS RD SUITE 101  
POMPANO BEACH, FL 33044**

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

U00000930534  
05/21/08-80113-005 143.75

**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:**

**Kathryn Bradbury Kathryn Bradbury 4/25/08 954-395-**

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

Date

Daytime Phone #

**4800**

ext 101