

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024533

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** PACK RAT RELOCATION SERVICES, LLC

**Current Principal Place of Business:**

13050 ROYAL FERN DR.  
ORLANDO, FL 32828 US

**New Principal Place of Business:**

**Current Mailing Address:**

13050 ROYAL FERN DR.  
ORLANDO, FL 32828 US

**New Mailing Address:**

**FEI Number:** 14-1888759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MOORE, JEROME  
13024 ISLAN BAY DR.  
102  
ORLANDO, FL 32828 US

**Name and Address of New Registered Agent:**

MOORE, JEROME  
13050 ROYAL FERN DR.  
ORLANDO, FL 32828 US

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.

SIGNATURE: JM

04/27/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MOORE, JEROME  
Address: 13050 ROYAL FERN DR.  
City-St-Zip: ORLANDO, FL 32828

Title: MGRM ( ) Delete  
Name: MOORE, IVY  
Address: 13050 ROYAL FERN DR.  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MOORE, JEROME  
Address: 13050 ROYAL FERN DR.  
City-St-Zip: ORLANDO, FL 32828

Title: MGR (X) Change ( ) Addition  
Name: MOORE, IVY  
Address: 13050 ROYAL FERN DR.  
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JM

PRES

04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date