2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000039979

Entity Name

A. W. MOORE EQUIPMENT, L.L.C.



Mailing Address

Principal Place of Business 3311 JOE SANCHEZ ROAD PLANT CITY, FL 33565

3311 JOE SANCHEZ ROD PLANT CITY, FL 33565

FILED Feb 25, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 54-2133150

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, ANTHONY W 3311 JOE SANCHEZ ROD PLANT CITY, FL 33565

TITLE
NAME
STREET ADDRESS,
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

			į
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			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	PRES		U00000838915 03/05/08-80049 -0 09 138.75
NAME	MOORE, ANTHONY W		
STREET ADDRESS	3311 JOE SANCHEZ ROD		
CITY-ST-ZIP	PLANT CITY, FL 33565		
TITLE	MGR		novnovnowonn4a_Anna 125'(2
NAME	MOORE, SYLVIA A		!
STREET ADDRESS	3311 JOE SANCHEZ ROD		,
CITY-ST-ZIP	PLANT CITY, FL 33565		·
TITLE			
NAME			
STREET ADDRESS			NOT WOITE
CITY - ST - ZIP		סם ן	NOT WRITE
TITLE		INI	THIS SPACE
NAME		114	I TIS SPACE
STREET ADDRESS	•	i	
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-7IP	,		

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: A. W. MOORE ANTHONY MOORE Press 2/23/08.393.9255

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

Date Daysume Prome #