

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90215 006 \*\*\*\*50.00

DOCUMENT # L03000050189

1. Entity Name  
MOONLIGHT CUSTOM PAINTING LLC



Principal Place of Business  
1861 S PATRICK DRIVE  
PMB 122  
INDIAN HARBOUR BEACH, FL 32937 US

Mailing Address  
1861 S PATRICK DRIVE  
PMB 122  
INDIAN HARBOUR BEACH, FL 32937 US

24038495



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

02062004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STULZ, JOSEPH H III  
472 DOLPHIN STREET  
MELBOURNE BEACH, FL 32951

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME STULZ, JOSEPH H III  
STREET ADDRESS 472 DOLPHIN STREET  
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

Joseph H Stulz III Joseph H Stulz III April 6 2004 321-723-5469

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

Date

Daytime Phone #