

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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 renouncing)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**000000935610
05/23/08 00075 005 138.75**

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joseph H Stulz III

APRIL 27 2008

321-723-5469

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

Date

Capital Pledge #