2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

## **FILED** Mar 28, 2005 08:00 AM Secretary of State **DOCUMENT # L03000052878** 1. Entity Name JOSEPH A. MOOSALLY, LLC Mailing Address Principal Place of Business \_\_\_\_ 14868 BREWSTER DRIVE .... LARGO FL 33774 14868 BREWSTER DRIVE LARGO FL 33774 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. # etc. CR2E083 (10/04) 1st MOORE City & State City & State Applied For 4. FEI Number 28-5521947 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOOSALLY, JOSEPH A 14868 BREWSTER DRIVE Street Address (P.O. Box Number is Not Acceptable) LARGO FL 33774 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, typed or printed name of registered egent and title it applicable (NCTE Registered Agonf signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ÁDDITIONS/CHANGES 9, 10. MGRM TITLE ☐ Change ☐ Addition MUE Detele MOOSALLY, JOSEPH A NAME NAME ŲQOQQU279040 STREET ADDRESS 14868 BREWSTER DRIVE STREET ADDRESS ŭ3/28/05-80051-004 50.00 CITY-ST-ZIP LARGO FL 33774 CHY-SI-ZIP HUE ☐ Change ☐ Addition DILE ☐ Delete NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-51-20 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CHY-SI-ZIF CITY-ST-ZIP DILE Change Addition TITLE ☐ Delete MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP :HY-S1-218 Delete TULL ☐ Change ☐ Addition NAME NAME CIREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

OR AUTHORIZED REPRESENTATIVE

Daytime Phone #