


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90192 001 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L03000055760</b>                              |  |
| <b>1. Entity Name</b><br>WALTER MOORE CONCRETE COATING, LLC |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>1737 VERONICA S. SHOEMAKER BLVD.<br>FORT MYERS FL 33916<br>US | <b>Mailing Address</b><br>1737 VERONICA S. SHOEMAKER BLVD.<br>FORT MYERS FL 33916<br>US |
|---|---|



|  |  |
|--|--|
| <b>2. Principal Place of Business - No P.O. Box #</b><br>1737 VERONICA S. SHOEMAKER BLVD.<br>Suite, Apt. #, etc. | <b>3. Mailing Address</b> 1737<br>VERONICA S. SHOEMAKER BLVD.<br>Suite, Apt. #, etc. |
|--|--|

1st MOORE CR2E083 (10/06)

|   |   |
|---|---|
| <b>City &amp; State</b><br>Ft Myers, FL | <b>City &amp; State</b><br>Ft Myers, FL |
| <b>Zip</b><br>33916                     | <b>Zip</b><br>33916                     |
| <b>Country</b><br>USA                   | <b>Country</b><br>USA                   |

|  |   |
|--|---|
| <b>4. FEI Number</b><br>77-0618055   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b><br>MOORE, WALTER<br>1737 VERONICA S. SHOEMAKER BLVD.<br>FORT MYERS FL 33916 |
|--|

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b> |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State <b>FL</b>                                    |
| 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                              |  |
|---|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGR</b><br>MOORE, WALTER<br>1737 VERONICA S. SHOEMAKER BLVD.<br>FORT MYERS FL 33916 <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |

| 10. ADDITIONS/CHANGES                                     |   |
|---|---|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:** Walter Moore

2-27-07

(239) 332-3573

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

Date

Daytime Phone #