

# 2007 LIMITED LIABILITY COMPANY. ANNUAL REPORT (AR)

**FILED**

**Feb 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000000442**

1. Entity Name

ROBERT L. MOORE EXCAVATION LLC



Principal Place of Business

3445 S. FORBES RD.  
DOVER FL 33527

Mailing Address

3445 S. FORBES RD.  
DOVER FL 33527

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

52-2437354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOORE, FRANCES  
3445 S. FORBES RD.  
DOVER FL 33527

7. Name and Address of New Registered Agent

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☐ Delete  
NAME: MOORE, ROBERT L  
STREET ADDRESS: 3445 S. FORBES RD.  
CITY-ST-ZIP: DOVER FL 33527

TITLE: MGRM ☐ Delete  
NAME: MOORE, JAMES D  
STREET ADDRESS: P.O. BOX 433  
CITY-ST-ZIP: SYDNEY FL 33587

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS: U000000619024  
CITY-ST-ZIP: 02/08/07-80053-024 50.00

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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:

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

Date

Daytime Phone #

*Robert L. Moore* Robert L. MOORE 1-31-07 (813)-754-8413