2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-05-2007 90281 001 *****5.00
03-20-2007 90143 049 ****45.00

DOCUMENT # L04000009279

1. Entity Name

MICHAEL W. MOORE, LLC

Principal Place of Business	Mailing Address
1705 MINK DRIVE APOPKA FL 32703 US	1705 MINK DRIVE APOPKA FL 32703 US

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box # 1705 MINK DR.	3. Mailing Address 1705 MINK DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State APOPKA FL	City & State APOPKA FL
Zip 32703 Country ORANGE, USA	Zip 32703 Country USA

4. FEI Number 35-2226042 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, MICHAEL W
1705 MINK DRIVE
APOPKA FL 32703

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] - MICHAEL W. MOORE MGRM, MANAGER 2-20-07
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, MICHAEL W 1705 MINK DRIVE APOPKA FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: [signature] - MICHAEL W. MOORE MGRM 2-20-07 407-463-0949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #