

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90018 031 \*\*\*\*50.00

**DOCUMENT # L04000013305**

1. Entity Name  
**MOYER EQUIPMENT, LLC**



Principal Place of Business  
**309 N. PARSON AVENUE  
SEFFNER, FL 33584**

Mailing Address  
**309 N. PARSON AVENUE  
SEFFNER, FL 33584**

2. Principal Place of Business  
**1223 US 92 EAST**  
Suite, Apt. #, etc.

3. Mailing Address  
**1223 US 92 EAST**  
Suite, Apt. #, etc.



04172005 Chg-LLC CR2E083 (10/03)

City & State  
**Seffner FL**  
Zip  
**33584** Country  
**Hill**

City & State  
**Seffner FL**  
Zip  
**33584** Country  
**Hill**

4. FEI Number **16-1694719** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MOYER, ALAN C  
309 N. PARSON AVENUE  
SEFFNER, FL 33584**

**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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
MOYER, ALAN C  
309 N. PARSON AVENUE  
SEFFNER, FL 33584** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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CITY - ST - ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Member, Secretary  
Sherry R. Moyer  
309 N. Parson's Ave.  
Seffner, FL 33584** ☐ Change ☐ Addition

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

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

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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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Alan C Moyer*

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

**4/25/05 8132994835**

Date

Daytime Phone #