

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000013305

1. Entity Name
MOYER EQUIPMENT, LLC



Principal Place of Business

**1223 US 92 EAST
SEFFNER, FL 33584**

Mailing Address

**1223 US 92 EAST
SEFFNER, FL 33584**

DO NOT WRITE IN THIS SPACE



01232008 No Chg-LLC

CR2E083 (12/07)

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**

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
MOYER, SHERRY D
309 N PARSONS AVE
SEFFNER, FL 33584**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

U00000798036
01/30/08-80013-022 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Alan C Moyer*

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

Date

Daytime Phone #

1-23-08 813-299-4835