




2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000038298 1. Entity Name MOORE'S HAULING SERVICE LLC						<div style="transform: rotate(-15deg); font-size: 24px; font-weight: bold;">FILED</div> <div style="transform: rotate(-15deg); font-size: 18px;">05 JUL -8 PM 4:49</div> <div style="transform: rotate(-15deg); font-size: 16px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 288 HALL RD LAMONT, FL 32336				Mailing Address 288 HALL RD LAMONT, FL 32336			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent MOORE, VERONICA 288 HALL RD LAMONT, FL 32336				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOORE, JOE JR 288 HALL RD LAMONT, FL 32336			<div style="text-align: center;"> 500057477655 07/14/05--01067--007 **50.00 </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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:  **VERONICA MOORE** 7-8-05 567-4033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE