

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90082 030 ****50.00

DOCUMENT # L04000064811

1. Entity Name
MOORE CONSULTING SERVICES, LLC



Principal Place of Business
**124 EMERALD COAST PARKWAY
SUITE 301
MARY ESTHER, FL 32569 US**

Mailing Address
**124 EMERALD COAST PARKWAY
SUITE 301
MARY ESTHER, FL 32569 US**

14013071

2. Principal Place of Business
100 IH-45 North

3. Mailing Address
100 IH-45 North

Suite, Apt. #, etc.
Suite 240

Suite, Apt. #, etc.
Suite 240

City & State
Conroe, Texas

City & State
Conroe, Texas

Zip
77301

Country
Montgomery

Zip
77301

Country
Montgomery

07262005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1559689

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 September 7, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MOORE, LEONARD V
2417 PALM HARBOR DRIVE
FORT WALTON BEACH, FL 32547** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MOORE, SHEILA M
2417 PALM HARBOR DRIVE
FORT WALTON BEACH, FL 32547** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgm-Member
Moore, Leonard V.
9001 Crighton Crossing Drive
Conroe, Tx 77302** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Member
Moore, Sheila M.
9001 Crighton Crossing Drive
Conroe, Tx 77302** ☒ Change ☐ Addition

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

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

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

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 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:

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

7/26/05

Date

936/756-1264

Daytime Phone #