2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000064811

1. Entity Name MOORE CONSULTING SERVICES, LLC



FILED
May 01, 2006 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

100 IH-45 NORTH SUITE 240 100 TH-45 NORTH

SUITE 240

CONROE, TX 77301 US

SUITE 240 CONROE, TX 77301 US

DO NOT WRITE IN THIS SPACE

04252008 No Chg-LLC

CR2E083 (11/05)

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

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 it applicable

(FFOTE, Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS	
HTLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, LEONARD V 9001 CRIGHTON CROSSING DRIVE CONROE, TX 77302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, SHEILA M 9001 CRIGHTON CROSSING DRIVE CONROE, TX 77302	
TITLE NAME STITLET ADDRESS CITY-ST-ZIP		
TITLE RAME STREET ACCORESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STITLET ADDRESS		•

U00000549192 05/13/06-80010-011 50.00

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:

CHY-ST-ZOP

SIGNATURE AND TIFED OR FRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/06 936-756-1

Daytima Phone #