

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90003 002 ****55.00

DOCUMENT # L04000068035					
1. Entity Name ALEX R. MOFFATT, LLC					
Principal Place of Business 758 CLAUDIA LANE PALM HARBOR, FL 34683-4253			Mailing Address 758 CLAUDIA LANE PALM HARBOR, FL 34683-4253		
2. Principal Place of Business 758 CLAUDIA LANE Suite, Apt. #, etc.		3. Mailing Address 758 CLAUDIA LANE Suite, Apt. #, etc.			
City & State PALM HARBOR FL Zip 34683 Country		City & State PALM HARBOR FL Zip 34683 Country		4. FEI Number 20-1642970	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOFFATT, ALEJANDRO R 758 CLAUDIA LANE PALM HARBOR, FL 34683-4253			7. Name and Address of New Registered Agent Name: ALEX MOFFATT 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: <u>Alex M. Moffatt</u> DATE: <u>JUNE 30. 05</u> <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE</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 MOFFATT, ALEJANDRO R 758 CLAUDIA LANE PALM HARBOR, FL 346834253	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Alex M. Moffatt</u>		Date: <u>JUNE 30-05</u>		Daytime Phone #: <u>727-488-8703</u>	