

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90005 015 \*\*\*\*50.00

**DOCUMENT # L04000074350**

1. Entity Name

EARNEST MOUDY, LLC



Principal Place of Business

310 MILLSITE ROAD  
LOT 5  
BARTOW FL 33830

Mailing Address

310 MILLSITE ROAD  
LOT 5  
BARTOW FL 33830



2. Principal Place of Business

310 LK. Millsite Rd.

Suite, Apt. #, etc.

Lot 6

City & State

Bartow, Florida

Zip

33830

Country

U.S.A.

3. Mailing Address

310 LK. Millsite Rd

Suite, Apt. #, etc.

Lot 6

City & State

Bartow, Florida

Zip

33830

Country

U.S.A.

1st MOORE

CR2E083 (10/04)

4. FEI Number

20-0444952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOUDY, EARNEST  
310 MILLSITE ROAD  
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name

EARNEST MOUDY

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

310 LAKE Millsite Rd. Lot 6

City

Bartow

FL

Zip Code

33830

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

*Earnest Moudy*

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

7-29-05

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME MOUDY, EARNEST  
STREET ADDRESS 310 MILLSITE ROAD LOT 5  
CITY-ST-ZIP BARTOW FL 33830

TITLE MGRM ☐ Delete  
NAME MOUDY, KEVIN  
STREET ADDRESS 310 MILLSITE ROAD LOT 5  
CITY-ST-ZIP BARTOW FL 33830

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

Date

Daytime Phone #

7-29-05 863-258-8827