


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000016415	
1. Entity Name ROY W. MOORE LLC	

Principal Place of Business 1561 HALFTRACK ST. TALLAHASSEE, FL 32310	Mailing Address 1561 HALFTRACK ST. TALLAHASSEE, FL 32310
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2. Principal Place of Business - No P.O. Box # <u>319 Hayden Rd</u>	3. Mailing Address <u>319 Hayden Rd #</u>
Suite, Apt. #, etc. <u>APT 26</u>	Suite, Apt. #, etc. <u>APT 26</u>
City & State <u>Tall, Fla</u>	City & State <u>Tall, Fla</u>
Zip <u>32304</u>	Country <u>Leon</u>

**FILED**  
07 FEB 22 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02222007 REIN-LLC CR2E101 (1/07)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MOORE, ROY W 1561 HALFTRACK ST. TALLAHASSEE, FL 32310	7. Name and Address of New Registered Agent Name <u>Roy W. Moore</u> Street Address (P.O. Box Number is Not Acceptable) <u>319 Hayden Rd Apt 26</u> City <u>Tall</u> FL Zip Code <u>32304</u>
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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 Roy W. Moore (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$100.00</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, ROY W 1561 HALFTRACK ST. TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MCAM</u> <u>Moore, Roy W</u> <u>319 Hayden Rd Apt 26</u> <u>Tall, FL</u> <u>32304</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>700090085447</u> <u>03/02/07--01046--025 **100.00</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete	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"/> Delete	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 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: Roy W. Moore 02-22-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #