2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 13, 2007 8:00 am Secretary of State 02-19-2007 90193 009 ***150.00

ANNUAL REPORT						Sceretary or State				
DOCUMENT # L05000051159 1. Entity Name MOE, LLC					02-19-2007 90193 009 ***150.00					
Principal Place	Mailing Address	eiling Address								
5190 SW 28TH TERRACE		5190 SW 28TH TERRACE								
DANIA BEACH, FL 33312		DANIA BEACH, FL 33312			I IBBIIGH B) easai 8111) 8211 8611 661	n ang (112) (182)	i m hit i aima sa	1981 IN 1889	
		3. Mailing Address								
	lace of Business - No P.O. Box #					T EBTAI BIML BUMI 1011 1211 EEF	K BUTAN ANDY ISANT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162007	Chg-LLC	CR2E083	3 (12/06)			
City & State		City & State		4. FEI Numb				plied For		
Zip	Country	Zip	Coun	try		of Status Desired		5.00 Add	litional	
	6 Name and Address of Current f	legistered Agent		_ :	7. Name ani	Address of New R				
ş* *				Name						
COOPER, KEVIN M 519D SW 28TH TERRACE				Street Address (P.O. Box Number is Not Acceptable)						
DANIA, FL 	. 33312									
				City			FL	Zip Cod	8	
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 take if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee is \$50.00 Due by May 1, 2007						Make check payable to Florida Department of State				
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGR	☐ Delete	TITL	E				Change	Addition	
NAME	COOPER, KEVIN M		NAM							
STREET ADDRESS CITY-ST-ZIP	5190 SW 28TH TERRACE			ET ADORESS - ST-ZIP						
TITLE	DANIA BEACH, FL 33312 MGR	☐ Delete	TITLE					Change	Addition	
NAME	MANDELL, JEFFREAY A	□ Delete	NAM					") Currinha	[] AUGINON	
STREET ADDRESS	5095 REGENCY ISLES WAY		STRE	EET ADDRESS					į	
CITY-ST-ZIP	COOPER CITY, FL 33330		CITY	-ST-ZIP						
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STREET ADDRESS	·			ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
11. I hereby	certify that the information supplied with	this filing does not qualify for	r the exe	mptions contained	in Chapter 119	, Florida Statutes. I fu h: that I am a manac	urther certify the	nat the into	rmation or of the	
indicated on this report is true and accurate and that my eignature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver prustee empowered to execute this report as required by Chapter 608, Florida Statules.										
27 3.7 NT QSL 57951.52										