

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058603

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: MO-BO ENTERPRISES, LLC

**Current Principal Place of Business:**

14131 SW 33RD COURT  
DAVIE, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

14131 SW 33RD COURT  
DAVIE, FL 33330

**New Mailing Address:**

FEI Number: 20-2997095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EDWARD MORROW, MBA, CPA, P.A.  
6148 RIVIERA LANE  
NEW PORT RICHEY, FL 34655 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GRAHAM, BONNIE  
Address: 3700 SW 54TH STREET  
City-St-Zip: DANIA, FL 33312

Title: MGR ( ) Delete  
Name: GRAHAM, MONIQUE  
Address: 14131 SW 33RD COURT  
City-St-Zip: DAVIE, FL 33330

Title: MGR ( ) Delete  
Name: MORROW, EDWARD  
Address: 6148 RIVIERA LANE  
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MONIQUE GRAHAM

MGR

01/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date