

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90028 023 ****50.00

DOCUMENT # L05000066287

1. Entity Name
MOFFETT DEVELOPMENT, LLC



Principal Place of Business
**499 SHERATON STREET
SUITE 310
DANIA BEACH, FL 33304 US**

Mailing Address
**499 SHERATON STREET
SUITE 310
DANIA BEACH, FL 33304 US**



2. Principal Place of Business
1925 Madison Street

3. Mailing Address
1925 Madison Street

Suite, Apt. #, etc.
Suite 5

Suite, Apt. #, etc.
Suite 5

04172006 Chg-LLC CR2E083 (11/05)

City & State
Hollywood, FL

City & State
Hollywood, FL

4. FEI Number
20-3240242

Applied For
☐ Not Applicable

Zip
33020

Country
USA

Zip
33020

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KATES, STEVE
499 SHERATON STREET
SUITE 310
DANIA BEACH, FL 33004**

Name

Street Address (P.O. Box Number is Not Acceptable)
1925 Madison Street, Suite 5

City **Hollywood** **FL** Zip Code **33020**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **KATES, STEVE**
STREET ADDRESS **499 SHERATON STREET, SUITE 310**
CITY-ST-ZIP **DANIA BEACH, FL 33004**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Kates, Steven**
STREET ADDRESS **1925 Madison Street, Ste. 5**
CITY-ST-ZIP **Hollywood, FL 33020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 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.

Steven Kates

(954) 929-4403

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #