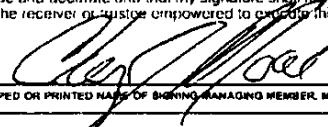


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-15-2006 90242 017 ****50.00

DOCUMENT # L05000071390 1. Entity Name CHERYL L MOORE CONSULTING, LLC					
Principal Place of Business 3106 ARROWSMITH RD WIMAUMA, FL 33598			Mailing Address 3106 ARROWSMITH RD WIMAUMA, FL 33598		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			4. FEI Number 510550969 Applied For Not Applicable		
6. Name and Address of Current Registered Agent MOORE, CHERYL L 3106 ARROWSMITH RD WIMAUMA, FL 33598			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and date. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, CHERYL L 3106 ARROWSMITH RD WIMAUMA, FL 33598	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 prepare this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: X 		5-1-06 813-323-5787 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30010665



05052006 Chg-LLC CR2E083 (11/05)