

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90274 012 ***138.75

DOCUMENT # L05000072732

1. Entity Name
MOONDOG DIVE OUTFITTERS LLC



Principal Place of Business
**901 SUNRISE LANE, #APT W
FORT LAUDERDALE, FL 33304**

Mailing Address
**901 SUNRISE LANE, #APT W
FORT LAUDERDALE, FL 33304**

60018615



2. Principal Place of Business - No P.O. Box #
726 N.E. 19TH AVE

Suite, Apt. #, etc.

3. Mailing Address
1624 SE 13TH ST.

Suite, Apt. #, etc.

03242008 Chg-LLC CR2E083 (12/06)

City & State
FORT LAUDERDALE FLORIDA

Zip
33304

Country
USA

City & State
FORT LAUDERDALE FLORIDA

Zip
33316

Country
USA

4. FEI Number
20-3323504

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOONEY, GREG
901 SUNRISE LANE APT. #W
FORT LAUDERDALE, FL 33304**

7. Name and Address of New Registered Agent

Name
MOONEY GREG

Street Address (P.O. Box Number is Not Acceptable)

726 N.E. 19TH AVE

City
FORT LAUDERDALE FL Zip Code
33304

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

3/26/08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS / MANAGERS

TITLE
MGR
NAME
MOONEY, GREG T
STREET ADDRESS
901 SUNRISE LANE, APT #W
CITY-ST-ZIP
FORT LAUDERDALE, FL 33304

☒ Delete

10. ADDITIONS/CHANGES

TITLE
MGR
NAME
MOONEY, GREG T
STREET ADDRESS
726 N.E. 19TH AVE
CITY-ST-ZIP
FORT LAUDERDALE FLORIDA 33304

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

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

Date

Daytime Phone #

3/26/08