

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090109

Entity Name: KING'S MOVING, LLC

FILED  
Feb 16, 2006  
Secretary of State

## Current Principal Place of Business:

2367 BENT TREE  
#2315  
PALM HARBOR, FL 34683

## New Principal Place of Business:

6803 INDUSTRIAL AVE  
PORT RICHEY, FL 34668

## Current Mailing Address:

2367 BENT TREE  
#2315  
PALM HARBOR, FL 34683

## New Mailing Address:

6803 INDUSTRIAL AVE  
PORT RICHEY, FL 34668

FEI Number: 20-3489864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUBAY, TOM  
2367 BENT TREE  
#2315  
PALM HARBOR, FL 34683 US

## Name and Address of New Registered Agent:

DUBAY, TOM  
6803 INDUSTRIAL AVE  
PORT RICHEY, FL 34668 US

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: THOMAS DUBAY

02/16/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: V.P. ( ) Change (X) Addition  
Name: DUBAY, THOMAS R  
Address: 6803 INDUSTRIAL AVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: PRES ( ) Change (X) Addition  
Name: KING, MICHAEL  
Address: 6803 INDUSTRIAL AVE  
City-St-Zip: PORT RICHEY, FL 34668

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM DUBAY

V.P.

02/16/2006

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