## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

limited liability company or the receiver or trustee er

## **FILED** Apr 03, 2008 08:00 All Secretary of State DOCUMENT # L05000108450 1. Entity Name MSY LLC Principal Place of Business Mailing Address 2365 ARMADILLO CT. 2365 ARMADILLO CT. COCOA FL 32926 COCOA FL 32926 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 42-1683744 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A1A REGISTERED AGENT INC. Street Address (P.O. Box Number is Not Acceptable) 5647 110TH AVE. NORTH ROYAL PALM BEACH FL 33411-0000 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registerati Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE **MGRM** Delete TITLE ☐ Change ☐ Addition YOUNG, MICHAEL L NAME H00000879336 STREET ADDRESS 2365 ARMADILLO CT. STREET ADDRESS 04/15/08-80016-023 138.75 CITY-ST-ZIP **COCOA FL 32926** CITY-ST-Z:P ☐ Delete TITLE ☐ Change Addition TITLE MGRM NAME NAME YOUNG, SHIRLEY M STREET ADDRESS 2365 ARMADILLO CT. STREET ADDRESS CITY- ST- ZIP COCOA FL 32926 CITY-ST-ZiP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

owered to execute this report as required by Chapter 608, Florida Statutes.

ER, OR AUTHORIZED REPRESENTATIVE