

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108896

FILED
Apr 08, 2008
Secretary of State

Entity Name: MOSS DISASTER RELIEF, LLC

Current Principal Place of Business:

100 LINCOLN RD
MIAMI BEACH, FL 33139

New Principal Place of Business:

407 LINCOLN ROAD
STE # 305
MIAMI BEACH, FL 33139

Current Mailing Address:

3320 GULFVIEW DR
HERNANDO BEACH, FL 34607

New Mailing Address:

407 LINCOLN ROAD
STE # 305
MIAMI BEACH, FL 33139

FEI Number: 27-0136148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSS, BRIAN
66510 GULFVIEW DRIVE
HERNANDO BEACH, FL 34607 US

Name and Address of New Registered Agent:

MOSS, BRIAN
407 LINCOLN ROAD
STE # 305
MIAMI BEACH, FL 33139 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:

04/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOSS, BRIAN
Address: 3320 GULFVIEW DRIVE
City-St-Zip: HERNANDO BEACH, FL 34607

Title: MGRM () Delete
Name: MOSS, JACQUELINE
Address: 100 LINCOLN RD
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOSS, BRIAN
Address: 407 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM (X) Change () Addition
Name: MOSS, JACQUELINE
Address: 407 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify 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: MOSS BRIAN

MGRM

04/08/2008

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