


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90368 035 \*\*\*\*50.00

**DOCUMENT # L05000112235**

1. Entity Name  
**MOFFITT GROUP, LLC**



Principal Place of Business      Mailing Address

~~138 BUSHNELL PLAZA, #103~~      ~~138 BUSHNELL PLAZA, #103~~  
P.O. BOX 385      P.O. BOX 385  
BUSHNELL, FL 33513      BUSHNELL, FL 33513

60030600



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04182007    Chg-LLC    CR2E083 (12/06)

City & State      City & State

4. FEI Number      Applied For

**20-3825363**      Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**

**LACKAY, CHRISTINA L**  
~~138 BUSHNELL PLAZA, #103~~  
**BUSHNELL, FL 33513**

**7. Name and Address of New Registered Agent**

Name

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

**2590 W-CR 48**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MOFFITT, DAVID E	
STREET ADDRESS	<del>138 BUSHNELL PLAZA, #103</del>	
CITY-ST-ZIP	BUSHNELL, FL 33513	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LACKAY, CHRISTINA L	
STREET ADDRESS	<del>138 BUSHNELL PLAZA, #103</del>	
CITY-ST-ZIP	BUSHNELL, FL 33513	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2590 W-CR 48</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2590 W-CR 48</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Christina L Lackay      4/18/07      352-793-5813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #