


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90203 001 \*\*\*416.25

DOCUMENT # L05000112235  
 1. Entity Name  
 MOFFITT GROUP, LLC



Principal Place of Business  
 2590 W CR 48  
 BUSHNELL, FL 33513

Mailing Address  
~~2590 W CR 48~~ P.O. Box 385  
 BUSHNELL, FL 33513

30003971



04012008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3825363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LACKAY, CHRISTINA L  
 2590 W CR 48  
 BUSHNELL, FL 33513

**DO NOT WRITE IN THIS SPACE**

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOFFITT, DAVID E 2590 W CR 48 BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LACKAY, CHRISTINA L 2590 W CR 48 BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

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 Lackay CHRISTINA LACKAY 4/1/08 352-793-5813  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #