

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

01-12-2007 90030 015 ****50.00

DOCUMENT # L06000024934					
1. Entity Name 3 MOON PROPERTIES LLC					
Principal Place of Business 1310 CARR DR AUBURDALE, FL 33823			Mailing Address 1310 CARR DR AUBURDALE, FL 33823		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4457658	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent WAGGONER, DENISE J 1310 CARR DR AUBURDALE, FL 33823			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: DATE: 1/9/07 (NOTE: Registered Agent signature required when re-statuting)					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCKINNEY, ROBERT E 203 DENESE LA AUBURDALE, FL 33823	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WAGGONER, DENISE J 1310 CARR DR AUBURDALE, FL 33823	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
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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: DATE: 1/9/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		