

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000024934

1. Entity Name
3 MOON PROPERTIES LLC



Principal Place of Business
1310 CARR DR
AUBURNDAL, FL 33823

Mailing Address
1310 CARR DR
AUBURNDAL, FL 33823

FILED
Jun 13, 2008 08:00 AM
Secretary of State



06022008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-4457658

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WAGGONER, DENISE J
1310 CARR DR
AUBURNDAL, FL 33823

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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MCKINNEY, ROBERT E
203 DENESE LA
AUBURNDAL, FL 33823

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WAGGONER, DENISE J
1310 CARR DR
AUBURNDAL, FL 33823

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000953062
06/13/08-80001-016 138.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #