

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026179

**FILED**  
**Jan 30, 2007**  
**Secretary of State**

**Entity Name:** MOORE PAINTING & PRESSURE WASHING, LLC

**Current Principal Place of Business:**

P.O. BOX 622801  
OVIEDO, FL 32762

**New Principal Place of Business:**

320 E. 5TH STREET  
CHULUOTA, FL 32766

**Current Mailing Address:**

P.O. BOX 622801  
OVIEDO, FL 32762

**New Mailing Address:**

**FEI Number:** 06-1762571

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, TAMARA  
320 E. 5TH STREET  
CHULUOTA, FL 32766 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: P ( ) Change (X) Addition  
Name: MOORE, TAMARA  
Address: 320 E. 5TH ST.  
City-St-Zip: CHULUOTA, FL 32766

I hereby certify that the information supplied with this filing does not qualify for the 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:** TAMARA MOORE

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01/30/2007

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