

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90034 040 ****50.00

DOCUMENT # L06000030684

1. Entity Name
MOEMENTUM INVESTMENTS, L.L.C.



Principal Place of Business
34 WOODMERE DRIVE
DOTHAN, AL 36301

Mailing Address
34 WOODMERE DRIVE
DOTHAN, AL 36301

40070285



2. Principal Place of Business - No P.O. Box #
1000 E. 23rd St.

3. Mailing Address
P.O. Box 8544

Suite, Apt. #, etc.
Suite A-3

Suite, Apt. #, etc.

04062007 Chg-LLC CR2E083 (12/06)

City & State
Panama City, FL

City & State
Dothan, AL

4. FEI Number
20-4434427

Applied For
Not Applicable

Zip
32405

Country
Bay

Zip
36304

Country
Houston

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARNER, WILLIAM G
THE WARNER LAW FIRM, P.A.
519 GRACE AVENUE
PANAMA CITY, FL 32401

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 N/A

Signature, typed or printed name of registered agent and title if applicable.

(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

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME Michael P. McCann
STREET ADDRESS 34 Woodmere Drive
CITY-ST-ZIP Dothan, AL 36301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME Stacey Harrison
STREET ADDRESS 107 Lucy Lane
CITY-ST-ZIP Dothan, AL 36303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #