

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039322

FILED
Apr 16, 2009
Secretary of State

Entity Name: MOREON STUCCO & FRAMING LLC

Current Principal Place of Business:

554 TAYLOR ROAD
PORT ORANGE, FL 32127 US

New Principal Place of Business:

82 CUNNINGHAM DR
NEW SMYRNA BEACH, FL 32168 US

Current Mailing Address:

554 TAYLOR ROAD
PORT ORANGE, FL 32127 US

New Mailing Address:

82 CUNNINGHAM DR
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 56-2615376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC
813 DELTONA BLVD STE A (BOX 1339913)
DELTONA, FL 32725 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: MGRM () Delete
Name: WISE, MICHAEL
Address: 554 TAYLOR ROAD
City-St-Zip: PORT ORANGE, FL 32127 US

Title: MGRM () Delete
Name: WISE, JAMES
Address: 554 TAYLOR ROAD
City-St-Zip: PORT ORANGE, FL 32127 US

Title: MGRM () Delete
Name: CRISALLI, CHRIS
Address: 554 TAYLOR ROAD
City-St-Zip: PORT ORANGE, FL 32127 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WISE, MICHAEL
Address: 82 CUNNINGHAM DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGRM (X) Change () Addition
Name: WISE, JAMES
Address: 82 CUNNINGHAM DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGRM (X) Change () Addition
Name: CRISALLI, CHRIS
Address: 82 CUNNINGHAM DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL WISE

MGRM

04/16/2009

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