

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Sep 05, 2007 8:00 am
Secretary of State

09-05-2007 90024 013 ****50.00

DOCUMENT # **L06000052391**

1. Entity Name

MICHAEL MOREAU LLC



DO NOT WRITE IN THIS SPACE

60055502

✓

2. Principal Place of Business

6125-1 Seaboard Ave

Suite, Apt. #, etc.

3. Mailing Address

6125-1 Seaboard Ave

Suite, Apt. #, etc.

CR2E083B (8/05)

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

141961989

Applied For

Not Applicable

Zip

32244

Country

US

Zip

32244

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Michael Moreau**

Street Address (P.O. Box Number is Not Acceptable)

5642 119th St.

City

Jacksonville

FL

Zip Code

32244

**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.

Michael Moreau

6/5/07

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Michael Moreau
5642 119th St.
Jacksonville, FL 32244**

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Michael Moreau

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

**6/5/07 (904)
568 4903**

Date

Daytime Phone #