


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90055 001 ***138.75

DOCUMENT # L06000067090	
1. Entity Name SARA JANE MOORE, LLC	

Principal Place of Business 8918 104TH STREET LIVE OAK, FL 32060	Mailing Address POB 7 LIVE OAK, FL 32064
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 234 East Duval St. Suite, Apt. #, etc.
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City & State Lake City, FL	City & State Lake City, FL
Zip 32055	Country USA

60002100



01142008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent MORGAN, TERESA B 234 EAST DUVAL STREET LAKE CITY, FL 32055		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR MOORE, SARA J POB 7 LAKE CITY, FL 32064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Teresa B. Morgan 1/14/08 386/755-1977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #