

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-17-2008 90056 026 ***138.75

DOCUMENT # L06000067092 1. Entity Name S. J. MOORE, LLC			
Principal Place of Business 8918 104TH STREET LIVE OAK, FL 32060		Mailing Address POB 7 LIVE OAK, FL 32064	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 234 East Duval St. Suite, Apt. #, etc.	
City & State Zip Country		City & State Lake City, FL Zip Country 32055 USA	
4. FEI Number APPLIED FOR 26-0575040		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		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		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, SARA J POB 7 LIVE OAK, 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: <u><i>S. J. Moore</i></u>		Date 1/14/08 Daytime Phone # 386/755-1977	