

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/11

FILED
Jun 11, 2007 8:00 am
Secretary of State

05-10-2007 90419 014 ****50.00

DOCUMENT # L06000078123

1. Entity Name
MOVING ON PRODUCTIONS, LLC



Principal Place of Business
**4885 STATE RD. 11
DELEON SPRINGS, FL 32130 US**

Mailing Address
**4885 STATE RD. 11
DELEON SPRINGS, FL 32130 US**

30010342



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022007 Chg-LLC CR2E083 (12/06)

4. FEI Number

01-0900598

Applied For

Not Applicable

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

**IGLESIAS, RAMON J
4885 STATE RD. 11
DELEON SPRINGS, FL 32130**

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

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

(NOTE: Registered Agent signature required when resigning)

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 **IGLESIAS, RAMON J**
STREET ADDRESS **4885 STATE RD. 11**
CITY-ST-ZIP **DELEON SPRINGS, FL 32130**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

RAMON J. IGLESIAS

4/16/07

(386) 747-8293

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

Date

Daytime Phone #