2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

03-28-2007 90186 024 ****50.00

DOCUMENT # L06000101131

1. Entity Name

MORA ENTERPRISES LLC

Principal Place of Business	Mailing Address
1215 BENOIST FARMS RD. WEST PALM BEACH FL 33411	1215 BENOIST FARMS RD. WEST PALM BEACH FL 33411

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5110 ELMHURST RD.	5110 ELMHURST RD.
Suite, Apt. #, etc.: APT. F	Suite, Apt. #, etc.: APT. F
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33417 Country: PALM BEACH	Zip: 33417 Country: PALM BEACH

4. FEI Number: 205730199 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

~~MORA~~, OTTO M
1215 ~~BENOIST FARMS~~ RD.
WEST PALM BEACH ~~FL 33~~411

INCORRECT

7. Name and Address of New Registered Agent

Name: MORA, OTTO M
Street Address (P.O. Box Number is Not Acceptable): 5110 ELMHURST RD. APT. F
City: WEST PALM BEACH, FL Zip Code: 33417

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] 03-31-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GENERAL MANAGER MORA, OTTO M ~~1215 BENOIST FARMS RD.~~ 5110 ELMHURST Rd WEST PALM BEACH FL 33417	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSIST. MANAGER MORA, JOSE A 5110 ELMHURST RD. Apt. F WEST PALM BEACH, FL 33417	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT MANAGER MORA, JOSÉ A 5110-F ELMHURST RD. WEST PALM BEACH, FL 33417	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 03-31-2007 (954) 695-0142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #