2007 LIMITED LIABILITY COMPANY

SIGNATURE

ANNUAL REPORT

DOCUMENT #L06000109306 1. Entity Name MIKE MOORE CONSTRUCTION, LLC 30003803 Mailing Address Principal Place of Business 109 ARMSTRONG CIRCLE 109 ARMSTRONG CIRCLE PANAMA CITY BEACH, FL 32413 PANAMA CITY BEACH, FL 32413 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-LLC CR2E083 (12/06) City & State 4. FELNumber Applied For City & State *⊋*o-Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 109 ARMSTRONG CIRCLE MOORE, MICHAEL L Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY BEACH, FL 32413 City 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 ponned name of registered agent and tide if applicable (NOTE: Registered Agent signature required when remistating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change ☐ Addition MGR C Calet TITLE IIILE MOORE, MICHAEL L NAME NAME STREET ADDRESS 109 ARMSTRONG CIRCLE STREET ADDRESS PANAMA CITY BEACH, FL 32413 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-DP Delete nne Change Addition TITLE NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZP CITY-51-20 ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete TITLE ☐ Change Addition TITLE HALAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition C Delete TITLE MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-DP 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.

FILED

Apr 02, 2007 8:00 am Secretary of State

03-19-2007 90461 003 ****50.00