

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119309

Entity Name: JACKIE L MOORE LLC

FILED
Aug 03, 2008
Secretary of State

Current Principal Place of Business:

3200 NE 36TH STREET, #504
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

11399 SW MOUNTAIN ASH CIRCLE
PORT ST LUCIE, FL 34987 US

Current Mailing Address:

3200 NE 36TH STREET, #504
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

11399 SW MOUNTAIN ASH CIRCLE
PORT ST LUCIE, FL 34987 US

FEI Number: 20-8038705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOORE, JACK
3200 NE 36TH STREET, #504
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

MOORE, JACK
11399 SW MOUNTAIN ASH CIRCLE
PORT ST LUCIE, FL 34987 US

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.

SIGNATURE: JACK MOORE

08/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOORE, JACK
Address: 3200 NE 36TH STREET, #504
City-St-Zip: FORT LAUDERDALE, FL 33308 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOORE, JACK
Address: 11399 SW MOUNTAIN ASH CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34987 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JACK MOORE

MGMR

08/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date