

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001124

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: M.O.F.M., LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

19451 SHERIDAN STREET  
#195  
FORT LAUDERDALE, FL 33332

**New Principal Place of Business:**

**Current Mailing Address:**

19451 SHERIDAN STREET  
#195  
FORT LAUDERDALE, FL 33332

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARNETT, GENTLE L  
1851 NW 125TH AVENUE  
SUITE 440  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

BARNETT, GENTLE L  
1806 N. FLAMINGO ROAD  
SUITE 440  
PEMBROKE PINES, FL 33028 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: GENTLE BARNETT

04/24/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DEBOLES, EUGENE  
Address: 19451 SHERDAN STREET, #195  
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: MGRM ( ) Delete  
Name: DEBOLES, ANDREA  
Address: 19451 SHERIDAN STREET, #195  
City-St-Zip: FORT LAUDERDALE, FL 33332

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EUGENE DEBOLES

MGRM

04/24/2008

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