

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001124

FILED
May 01, 2010
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:

18459 PINES BLVD.
#459
PEMBROKE PINES, FL 33029

Current Mailing Address:

19451 SHERIDAN STREET
#195
FORT LAUDERDALE, FL 33332

New Mailing Address:

18459 PINES BLVD.
#459
PEMBROKE PINES, FL 33029

FEI Number: FEI Number Applied For (X) 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:

BARNETT, GENTLE L
19451 SHERIDAN STREET
#195
FORT LAUDERDALE, FL 33332 US

Name and Address of New Registered Agent:

BARNETT, GENTLE L
18459 PINES BLVD.
#459
PEMBROKE PINES, FL 33029 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: G. LEE BARNETT

05/01/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: DEBOLES, EUGENE
Address: 18459 PINES BLVD., #459
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM
Name: DEBOLES, ANDREA
Address: 18459 PINES BLVD., #459
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM
Name: MALIS, NENA
Address: 18459 PINES BLVD., #459
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM
Name: BARNETT, LEE G
Address: 18459 PINES BLVD., #459
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby 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: NENA MALIS

MGRM

05/01/2010

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