2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010966

Entity Name: TANKS AND MOORE GAS SERVICES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
975 SW JEREMKO AVENUE PORT ST. LUCIE, FL 34953	11268 THYME DRIVE PALM BEACH GARDENS, FL 33418

Current Mailing Address:	**New Mailing Address:**
975 SW JEREMKO AVENUE PORT ST. LUCIE, FL 34953	11268 THYME DRIVE PALM BEACH GARDENS, FL 33418

FEI Number: 20-8409566   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MOORE, BRIAN P 4040 SW KADILE STREET PORT ST. LUCIE, FL 34953 US	MOORE, BRIAN P 11268 THYME DRIVE PALM BEACH GARDENS, FL 33418 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: _____   01/29/2009
          Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	MOORE, BRIAN P	Name:	MOORE, BRIAN P
Address:	4049 SW KADILE STREET	Address:	11268 THYME DRIVE
City-St-Zip:	PORT ST. LUCIE, FL 34953	City-St-Zip:	PALM BEACH GARDENS, FL 33418
Title:	MGRM (X) Delete	Title:	( ) Change ( ) Addition
Name:	SCHNEIDER, JAMES R	Name:	
Address:	975 SW JEREMKO AVENUE	Address:	
City-St-Zip:	PORT ST. LUCIE, FL 34953	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: BRIAN P. MOORE   RA   01/29/2009
_____
          Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date