


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/2 **FILED**
Jun 02, 2008 8:00 am
Secretary of State

04-28-2008 90049 049 ***138.75

DOCUMENT # L07000050319

1. Entity Name
MOORE ACCOUNTANCY SERVICES, LLC



Principal Place of Business Mailing Address
13575 SW 72ND AVENUE **13575 SW 72ND AVENUE**
MIAMI, FL 33156 **MIAMI, FL 33156**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number
80-0170626 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

30000000



6. Name and Address of Current Registered Agent

MOORE, MICKEY L
13575 SW 72ND AVENUE
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOORE, MICKEY L 13575 SW 72ND AVENUE MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Mickey L Moore 4-20-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #