
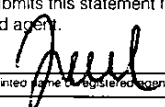
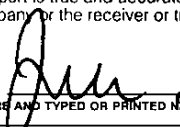


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90170 023 ***138.75

DOCUMENT # L07000057193					
1. Entity Name MOOI, LLC					
Principal Place of Business 504 BRIAR OAK WAY DELAND, FL 32724 US			Mailing Address 504 BRIAR OAK WAY DELAND, FL 32724 US		
2. Principal Place of Business - No P.O. Box # 495 N Semoran blvd. Suite, Apt. #, etc. Suite 3		3. Mailing Address 495 N. semoran blvd. Suite, Apt. #, etc. Suite 3			
City & State Winter Park FL Zip 32792		City & State Winter park FL Zip 32792		Country orange	
4. FEI Number 260441194					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name: Jeroen van Zwol, marieke van der Horst Street Address (P.O. Box Number is Not Acceptable): 495 N. Semoran blvd. Suite 3 City: Winter park FL Zip Code: 32792		
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: 3/20/08					
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 VAN DER HORST, MARIEKE <input type="checkbox"/> Delete 504 BRIAR OAK WAY DELAND, FL 32724		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN ZWOL, JEROEN P <input type="checkbox"/> Delete 504 BRIAR OAK WAY DELAND, FL 32724		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	
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	
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	
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	
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:  Jeroen van Zwol			Date: 3/20/08 Daytime Phone #: 386 8483090		