

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2008 8:00 am
Secretary of State

05-05-2008 90034 049 ***138.75

DOCUMENT # L07000081650

1. Entity Name
RIGHT MOVES REALTY, LLC



Principal Place of Business
7559 OSCEOLA POLK LINE RD.
CHAMPIONS GATE, FL 33896

Mailing Address
7559 OSCEOLA POLK LINE RD.
CHAMPIONS GATE, FL 33896

30009276



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

01162008

Chg-LLC

CR2E083 (12/06)

4. EE Number

26-1290619

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERIDETH C. NAGEL, P.A.
953 10TH ST
CLERMONT, FL 34711

Name

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

450 East Hwy 50, Ste 4
Clermont FL 34711

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

Signature, typed or printed name of registered agent and title if applicable.

(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 LONGHORN, IAN 139 CHAUCER AVE DAVENPORT, FL 33896 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Barry Gilden 7559 Osceola Polk Line Rd Champions Gate, FL 33896 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Sandra Gilden 7559 Osceola Polk Line Rd Champions Gate, FL 33896 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Florida Southern Services, Inc. 7559 Osceola Polk Line Rd Champions Gate, FL 33896 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MR IAN Longhorn 7559 Osceola Polk Line Rd. Champions Gate, FL 33896 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Deirdre Lucy-Humphries 7559 Osceola Polk Line Rd. Champions Gate, FL 33896 <input type="checkbox"/> Change <input checked="" 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:

IAN Longhorn

01-28-08 352 314 7408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ATTACHMENT

30009276
#C0700008/650



Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

MN
MERIDETH
NAGEL, P.A.
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