

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105491

FILED
Apr 29, 2009
Secretary of State

Entity Name: MOXIE PROPERTIES II, LLC

Current Principal Place of Business:

834 TIMBER COURT
APOPKA, FL 32712

New Principal Place of Business:

450 BOUCHELLE DRIVE #101
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

PO BOX 2514
APOPKA, FL 32704

New Mailing Address:

FEI Number: 26-1207229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANE, STEVEN H
557 N WYMORE ROAD
100
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DORBERT-LAUBE, LYNN
Address: PO BOX 2514
City-St-Zip: APOPKA, FL 32704

Title: MGRM () Delete
Name: LAUBE, DENNIS
Address: PO BOX 2514
City-St-Zip: APOPKA, FL 32704

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DORBERT-LAUBE, LYNN
Address: PO BOX 1442
City-St-Zip: NEW SMYRNA BEACH, FL 32170 US

Title: MGRM (X) Change () Addition
Name: LAUBE, DENNIS
Address: PO BOX 1442
City-St-Zip: NEW SMYRNA BEACH, FL 32170 US

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: LYNN DORBERTLAUBE

MGRM

04/29/2009

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