

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000125059

Entity Name: MOORES VALLEY, LLC

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

9995 GATE PARKWAY N SUITE  
JACKSONVILLE, FL 32246

## **New Principal Place of Business:**

9995 GATE PARKWAY N  
SUITE 400  
JACKSONVILLE, FL 32246

## **Current Mailing Address:**

9995 GATE PARKWAY N SUITE  
JACKSONVILLE, FL 32246

## **New Mailing Address:**

9995 GATE PARKWAY N  
SUITE 400  
JACKSONVILLE, FL 32246

FEI Number: 42-1754133

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

KAVALIEROS, NIKOLAOS T  
9995 GATE PARKWAY N  
SUITE 400  
JACKSONVILLE, FL 32246 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: MGR  
Name: BOREE, GREGORY G  
Address: 9428 BAYMEADOWS ROAD, STE. 230  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR  
Name: RITCH, TIMOTHY S  
Address: 9995 GATE PARKWAY N SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR  
Name: KAVALIEROS, NIKOLAOS T  
Address: 9995 GATE PARKWAY N SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby 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: TIM RITCH

MGR

03/18/2010

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