

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000055028

FILED
May 14, 2009
Secretary of State

Entity Name: FULL MOON ENTERPRISES, LLC

Current Principal Place of Business:

12310 VERA AVENUE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

PO BOX 271026
TAMPA, FL 336881026

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANDRONACO, MARGARET
12310 VERA AVENUE
TAMPA, FL 33618 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MS. () Change (X) Addition
Name: ANDRONACO, MARGARET
Address: 12310 VERA AVENUE
City-St-Zip: TAMPA, FL 33618 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: MARGARET ANDRONACO

MS.

05/14/2009

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