

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058307

FILED
Apr 16, 2009
Secretary of State

Entity Name: MORE & MORE LLC

Current Principal Place of Business:

13027 ST. FILAGREE DRIVE
RIVERVIEW, FL 33579

New Principal Place of Business:

13027 ST. FILAGREE DRIVE
RIVERVIEW, FL 33579 US

Current Mailing Address:

13027 ST. FILAGREE DRIVE
RIVERVIEW, FL 33579

New Mailing Address:

13027 ST. FILAGREE DRIVE
RIVERVIEW, FL 33579 US

FEI Number: 26-2849388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORE, LAURA G
13027 ST. FILAGREE DRIVE
RIVERVIEW, FL 33579 US

Name and Address of New Registered Agent:

MORE, LAURA G P
13027 ST. FILAGREE DRIVE
RIVERVIEW, FL 33579 US

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: LAURA G. MORE

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORE, LAURA G
Address: 13027 ST. FILAGREE DRIVE
City-St-Zip: RIVERVIEW, FL 33579

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORE, LAURA G P
Address: 13027 SAINT FILAGREE DRIVE
City-St-Zip: RIVERVIEW, FL 33579 US

Title: MGR () Change (X) Addition
Name: MORE, ROBERT H ST
Address: 13027 SAINT FILAGREE DR
City-St-Zip: RIVERVIEW, FL 33579 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: ROBERT H. MORE

ST

04/16/2009

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