LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

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DOCUMENT # L0 800007848 8

1. Entity Name

Moore Land Co., LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAY 12 AM 11:16

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CR2E083B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
271 Potter Woodbery Rd	271 Potter Woodbery Rd
Suite, Apt. #, ect.	Suite, Apt. #, ect.
City & State: Havana, FL	City & State: Havana, FL
Zip: 32333 County: ~~Gadsden~~ US	Zip: 32333 Country: US

4. FEI Number: 26-3939461 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Jeff Moore

Street Address (P.O. Box Number is Not Acceptable): 271 Potter Woodbery Rd

City: Havana FL Zip Code: 32333

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 _____ DATE

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

January 1 - May 1, Fee is $138.75
After May 1, Fee is $538.75
Amended AR is $50.00
Make Check Payable to Florida Department of State

E-mail Address: jeffkathymoore@bellsouth.net
To be used for future annual report notices

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	Jeff Moore
STREET ADDRESS	271 Potter Woodbery Rd
CITY-ST-ZIP	Havana, FL 32333
TITLE	MGRM
NAME	Kathy Moore
STREET ADDRESS	271 Potter Woodbery Rd
CITY-ST-ZIP	Havana, FL 32333
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10.

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06/16/11--01007--014 **138.75

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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 605, Florida Statutes; and that I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Jeff Moore

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

ADDITIONAL SPACE