

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083101

Entity Name: MORENO & MORENO LLC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

7901 KINGSPONTE PKWY., STE. 31
ORLANDO, FL 32819

New Principal Place of Business:

7901 KINGSPONTE PKWY.
STE. 31
ORLANDO, FL 32819

Current Mailing Address:

7901 KINGSPONTE PKWY., STE. 31
ORLANDO, FL 32819

New Mailing Address:

7901 KINGSPONTE PKWY.
STE. 31
ORLANDO, FL 32819

FEI Number: 59-3625449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORENO, EMERSON
7901 KINGSPONTE PKWY., STE. 31
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

MORENO, EMERSON
6312 BUFORD STREET
APT.501
ORLANDO, FL 32835 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: EMERSON MORENO

01/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORENO, EMERSON
Address: 6312 BUFORD STREET APT. 501
City-St-Zip: ORLANDO, FL 32835

Title: MGRM () Delete
Name: GRANJA, FERNANDA F
Address: 6312 BUFORD STREET APT. 501
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EMERSON MORENO/FERNANDA F. GRANJA

MGRM

01/08/2009

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