

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000098212

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** MOA STORES LLC

**Current Principal Place of Business:**

3590 S STATE RD 7  
SUITE 220  
MIRAMAR, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

3590 S STATE RD 7  
SUITE 220  
MIRAMAR, FL 33023

**New Mailing Address:**

**FEI Number:** 26-3621025

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLOWU, GBEMIGA  
3590 S STATE RD 7  
SUITE 220  
MIRAMAR, FL 33023 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:** MGRM  
**Name:** STEPHENS-OLOWU, STEPHANIE C  
**Address:** 3590 S STATE RD 7 SUITE #220  
**City-St-Zip:** MIRAMAR, FL 33023

**Title:** MGRM  
**Name:** OLOWU, GBEMIGA  
**Address:** 3590 S STATE RD 7 SUITE#220  
**City-St-Zip:** MIRAMAR, FL 33023

**Title:** MGRM  
**Name:** TESSY, OLOWU  
**Address:** 3590 S STATE RD 7 SUITE#220  
**City-St-Zip:** MIRAMAR, FL 33023

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:** GBEMIGA OLOWU

MGRM

04/30/2011

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