

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000819

1. Entity Name
MOORE-LIN, L.L.C.

Principal Place of Business
101 SW ANDOVER CT.
PORT ST. LUCIE FL 34953

Mailing Address
101 SW ANDOVER CT.
PORT ST. LUCIE FL 34953

2. Principal Place of Business
49 E. Ocean Blvd
Suite, Apt. #, etc.

3. Mailing Address
49 E. Ocean Blvd
Suite, Apt. #, etc.

City & State
Stuart, FL
Zip

City & State
Stuart, FL
Zip

4. FEI Number 65-0848090

Applied For
Not Applicable

Country
MARTIN

Country
MARTIN

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, KATHY R
101 SW ANDOVER COURT
PORT ST. LUCIE FL 34953

Will BE OPENING
IN MARTIN
COUNTY
SEPT 7
No Resq't
yet

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE *Kathy R Moore*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME LIN, HENRY H
STREET ADDRESS 414 STONE MOUNT DR.
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE MGRM
NAME MOORE, KATHY R
STREET ADDRESS 101 SW ANDOVER CT.
CITY-ST-ZIP PORT ST. LUCIE FL 34953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

SIGNATURE: *Kathy R Moore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

May 14, 02

Date Daytime Phone #

FILED
Jun 10, 2002 8:00 am
Secretary of State

06-10-2002 90465 017 ****55.00

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DO NOT WRITE IN THIS SPACE

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