

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003462

1. Entity Name

MOREAU, LLC

FILED

May 01 2000 8:00 am

Secretary of State

Principal Place of Business

407 WEKIVA SPRINGS ROAD, SUITE 245  
LONGWOOD FL 32779

Mailing Address

407 WEKIVA SPRINGS ROAD, SUITE 245  
LONGWOOD FL 32779-6096



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

363 dragon Ave  
Suite, Apt. #, etc. 410

3. Mailing Address

363 dragon Ave  
Suite, Apt. #, etc. 410

City & State

Coral Gables

City & State

Coral Gables

4. FEI Number

59-3583812

Applied For

Not Applicable

Zip

Florida

Country

State

Zip

33134

Country

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TEDDER, DAVID H

407 WEKIVA SPRINGS ROAD, SUITE 245  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Randy D. Moreau

Street Address (P.O. Box Number is Not Acceptable)

363 dragon Ave #410

City

Coral Gables

FL

Zip Code

33134

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

*Randy D. Moreau*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

8000003264099--8

-05/23/00--01108--015

\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM  
NAME MOREAU, RANDY  
STREET ADDRESS 407 WEKIVA SPRINGS ROAD, SUITE 245  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE MGRM  
NAME MOREAU, CAROL JOYCE  
STREET ADDRESS 407 WEKIVA SPRINGS ROAD, SUITE 245  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ 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

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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:

*Randy D. Moreau*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/26/00 305-774-9922

CR2E083 (9/99)