LIMITED LIABILITY COMPANY

and Q.AA ar

U NIF ORM BUSINESS REPORT	(UBR)	Apr 17, 2002 8:00 am
DOCUMENT # L99000008409 1. Enlity Name		Secretary of State 04-17-2002 90025 015 ****50.00
MOOG ROAD, LLC		
DO NOT WRITE IN THIS SP	PACE	
2. Principal Place of Business 12360 65 5	17467	DO NOT WRITE IN THIS SPACE
SNITE-H City & State CALGO FL CALGO FL CALGO FL		4. FEI Number Applied For
Zip Country Zip	Country -	59-3616556 Not Applicable 5 Certificate of Status Decired
33773 USA 33762	45%	Certificate of Status Desired
DO NOT WRITE		PLOS YEPES (P.O. Box Number is Not Acceptable)
IN THIS SPACE	0.11	60 66° St N #H
8. The above named entity submits this statement or the purpose of changing its re	CHI	red agent, or both, in the State of Florida.
SIGNATURE Signature, typeg of cripping parting of planeted agent and title il applicable.	· · ·	4/8/Q1E
Make Check Pay	EE IS \$50.00 able to Department o JE BY MAY 1	f State
MANAGING MEMBERS/MANAGERS	TITLE	<u> </u>
CARLOS A. YOPES P.O BOY 17467 CITY-ST-ZIP CIEARUATER, FL 33762	NAME STREET ADDRESS CITY-ST-ZIP	0/C17
TITLE TAME STREET ADDRESS TO BOY 7533	TITLE NAME STREET ADDRESS	L CAS
CITY-ST-ZIP CLEARWOHER FL 33758	CITY-ST-ZIP TITLE	
IAME STREET ADDRESS	NAME Street address	DO NOT WRITE
ITLE	CITY-ST-ZIP TITLE	IN THIS SPACE
TREET ADDRESS	NAME STREET ADDRESS	IN THIS SPACE
ITY-ST-ZIP ITLE	CITY-ST-ZIP TITLE	
TREET ADDRESS ity-St-zip	NAME STREET ADDRESS CITY-ST-ZIP	
ITLE AME TREET ADDRESS	TITLE NAME	
ITY-ST-ZIP. 1. I bereby certify that the information supplied with this filing does not qualify for the	STREET ADDRESS CITY-ST-ZIP	olion 110 07/2W). Florida Chantas I fe the

I nereby 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: G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE