**UNIFORM BUSINESS REPORT (UBR)** 

1. Entity Nam	MENT	# MOOOOC		<b>S REPOF</b> 0219				03	FILL SEP 3	O PH S	3: 58 STATE	A		
Principal Plac	e of Business	3 <sup>-</sup>	Ma	ailing Address				1 50	Unit LAH:	issee r	Louis			
219 ROYAL POINCEANA WAY				219 ROYAL POINCEANA WAY				1 1	- ۱۰۰۱			A	HLA	
Suite 10 Palm Beach Fl 33480				Suite 10 Palm Beach Fl 33480									-446	
ALM BEACH F	-L 3348U		PAL	M BEACH PL 33400										
2. Principal Place of Business  Suite, Apt. #, etc.  City & State			3.	3. Mailing Address Suite, Apt. #, etc.										
								☐ CHECK HERE IF MAKING CHANGES						
			(	City & State				4. FEI Nui	mber <b>5</b>	52-22116	09		Applied	
Zip	<u>*</u>	Country	<u> </u>	Zip	Cour	ntry						<b>65.00</b>	Not App	
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	6. Name	and Address of Curre	nt Regis	tered Agent	-			7. Name	nd Addr	ess of New	Registere	ed Agent		
PLA	NGHARD, AI	N <del>A .I-</del>				Name	G	ENE	ALE	RICT				
		NCEANA WAY				Street A	\ddress(	PIDWIN	nber is	ACCEPTED	e) (A l	NAV		
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		submits this statement	t for the p	ourpose of changing	its register		r registere	LIVI-DE ed agent, or	both, in th	ne State of F		ım familiar wi	th, and a	accept
	named entity ions of registe		t for the p	ourpose of changing	its register		r registere	LIVI-DE ed agent, or	both, in the	ne State of F			th, and a	accept
			for the p	A. CFO	و	red office o	Tallo	ed agent, or  LLCO, when reinstating)	both, in the	ne State of F		m familiar wi	th, and a	accept
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