

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M03000000813

1. Entity Name  
MOOSER & FREIBERT LAND TITLE COMPANY, LLC



Principal Place of Business  
161 ST. MATTHEWS AVENUE, #5  
LOUISVILLE, KY 40207

Mailing Address  
161 ST. MATTHEWS AVENUE, #5  
LOUISVILLE, KY 40207

**DO NOT WRITE IN THIS SPACE**



07302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
61-1382144

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
FREIBERT, SHAWN R  
161 ST. MATTHEWS AVENUE, #5  
LOUISVILLE, KY 40207

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
MOOSER, CHRIS J  
161 ST. MATTHEWS AVENUE, #5  
LOUISVILLE, KY 40207

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000159804  
08/09/04-80011-019 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

CHRIS J MOOSER

7/30/04

502-315-1060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #