

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000000754

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** MOORE MEDICAL LLC

**Current Principal Place of Business:**

1690 NEW BRITAIN AVE  
35TH FLOOR  
FARMINGTON, CT 06032 UN

**New Principal Place of Business:**

1690 NEW BRITAIN AVE  
FARMINGTON, CT 06032

**Current Mailing Address:**

ONE POST STREET  
35TH FLOOR  
SAN FRANCISCO, CA 94104

**New Mailing Address:**

1690 NEW BRITAIN AVE  
FARMINGTON, CT 06032

**FEI Number:** 20-2046702

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BOGAN, WILLIE C  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: MGR  
Name: LOIACONO, NICHOLAS A  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIE C BOGAN

MGR

05/01/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date