

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001124

Entity Name: M.O.F.M., LIMITED LIABILITY COMPANY

Current Principal Place of Business:

18459 PINES BLVD.
#459
PEMBROKE PINES, FL 33029

Current Mailing Address:

18459 PINES BLVD.
#459
PEMBROKE PINES, FL 33029

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARNETT, GENTLE L
18459 PINES BLVD.
#459
PEMBROKE PINES, FL 33029 US

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

Authorized Person(s) Detail :

Title MGRM
Name DEBOLES, EUGENE
Address 18459 PINES BLVD., #459
City-State-Zip: PEMBROKE PINES FL 33029

Title MGRM
Name DEBOLES, ANDREA
Address 18459 PINES BLVD., #459
City-State-Zip: PEMBROKE PINES FL 33029

Title MGRM
Name MALIS, NENA
Address 18459 PINES BLVD., #459
City-State-Zip: PEMBROKE PINES FL 33029

Title MGRM
Name BARNETT, LEE G
Address 18459 PINES BLVD., #459
City-State-Zip: PEMBROKE PINES FL 33029

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: G. LEE BARNETT

MGRM

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date