

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000129361

**FILED  
Apr 26, 2011  
Secretary of State**

**Entity Name:** MORSE BUSINESS SERVICES, LLC

**Current Principal Place of Business:**

1883 SECLUSION DRIVE  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 290097  
PORT ORANGE, FL 32129

**New Mailing Address:**

**FEI Number:** 45-1994549      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MORSE, WILLIAM S  
1883 SECLUSION DRIVE  
PORT ORANGE, FL 32128      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:** MRGM  
**Name:** MORSE, WILLIAM S  
**Address:** P.O. BOX 290097  
**City-St-Zip:** PORT ORANGE, FL 32129

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: WILLIAM S MORSE      MRGM      04/26/2011

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