

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000429522

Entity Name: MORGAN BUSINESS VENTURES, LLC**Current Principal Place of Business:**816 MYSTIC DR.
#403
CAPE CANAVERAL, FL 32920**Current Mailing Address:**816 MYSTIC DR.
#403
CAPE CANAVERAL, FL 32920**FEI Number:** 92-0599122**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORGAN, WILLIAM H
816 MYSTIC DR.
#403
CAPE CANAVERAL, FL 32920 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	MGR
Name	MORGAN, WILLIAM H
Address	816 MYSTIC DR., #403
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	AMBR
Name	MORGAN, DAWN D
Address	816 MYSTIC DR., #403
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	AMBR
Name	MORGAN, WILLIAM H JR.
Address	1225 COUNTRYMAN CT.
City-State-Zip:	APOPKA FL 32703

Title	AMBR
Name	MORGAN, CHRISTOPHER J
Address	8020 WINDY HILL WAY
City-State-Zip:	ORLANDO FL 32818

Title	AMBR
Name	MORGAN, DONNELL J
Address	816 MYSTIC DR., #403
City-State-Zip:	CAPE CANAVERAL FL 32920

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: WILLIAM MORGAN

MGR

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date