

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90014 010 ****50.00

DOCUMENT # L00000002739

1. Entity Name

MORGAN WILLIAMS, CPA, LLC



Principal Place of Business

801 JENKS AVE
STE D
PANAMA CITY FL 32401

Mailing Address

801 JENKS AVE
STE D
PANAMA CITY FL 32401

2. Principal Place of Business

731 Airport Rd.

3. Mailing Address

P.O. Box 1357

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY FL

City & State

PANAMA CITY FL

Zip

32405

Country

US

Zip

32402

Country

US

4. FEI Number

59-3632623

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, A. MORGAN
1031 JENKS AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

731 - F Airport Rd.

City

PANAMA CITY

FL

Zip Code

32405

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

A Morgan Williams

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

(NOTE: Registered Agent signature required when reinstating)

4-30-04

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS

TITLE P
NAME WILLIAMS, A. MORGAN JR
STREET ADDRESS 801 SINKS AVE STE D
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS 731 - F Airport Rd
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

A Morgan Williams

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

4-30-04

Date

Daytime Phone #