

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90151 011 \*\*\*\*50.00

**DOCUMENT # L03000032843**

1. Entity Name  
**MORKAS, LLC**



Principal Place of Business  
**9217 PICOT COURT  
ATTN: CHIEF EXECUTIVE OFFICER  
BOYNTON BEACH FL 33437**

Mailing Address  
**9217 PICOT COURT  
ATTN: CHIEF EXECUTIVE OFFICER  
BOYNTON BEACH FL 33437**

2. Principal Place of Business  
**8330 Currency Drive**

3. Mailing Address  
**8330 Currency Drive**

Suite, Apt. #, etc.  
**Suite 7**

Suite, Apt. #, etc.  
**Suite 7**

City & State  
**Riviera Beach, FL**

City & State  
**Riviera Beach, FL**

Zip  
**33404**

Country  
**Palm Beach**

Zip  
**33404**

Country  
**Palm Beach**

4. FEI Number  
**56-2400941**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION COMPANY OF MIAMI  
201 SOUTH BISCAYNE BLVD., SUITE 1500 (JAF)  
MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

Name **Louis J. Morell**  
Street Address (P.O. Box Number is Not Acceptable)  
**8330 Currency Drive**  
**Suite 7**  
City **Riviera Beach** **FL** Zip Code **33404**

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 *Louis J. Morell*

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

(NOTE: Registered Agent signature required when reinstating)

DATE **2/27/04**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Louis J. Morell* **Louis J. Morell**

DATE **2/27/04**

(561)841-7403

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

Date

Daytime Phone #