

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000046506

1. Entity Name

MORRIS SERVICES AND REPAIR, L.L.C.



Principal Place of Business

**1298 WEST WINNEMESSETT AVENUE
DELAND, FL 32720**

Mailing Address

**1298 WEST WINNEMESSETT AVENUE
DELAND, FL 32720 US**



01302005No Chg.LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2137796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, DAVID L
1298 WEST WINNEMESSETT AVENUE
DELAND, FL 32720**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MORRIS, DAVID L
1298 WEST WINNEMESSETT AVENUE
DELAND, FL 32720**

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02/05/05-80031-001 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David L Morris

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

1-31-05
Date

386-736-6001
Daytime Phone #