2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90129 001 ****55.00

DOCUMENT # L03000050905

1. Entity Name
MORGAN'S INSULATION, LLC

Principal Place of Business	Mailing Address
18707 104TH ST. LIVE OAK, FL 32060 US	18707 104TH ST LIVE OAK, FL 32060 US

04302004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
18707 104th St.	14571 104th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Live Oak, Fl.	City & State: Live Oak, Fl.
Zip: 32060 Country: USA	Zip: 32060 Country: USA

4. FEI Number 331079304 ☐ Applied ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORGAN, SHAWN
18707 104TH ST
LIVE OAK, FL 32060

7. Name and Address of New Registered Agent

Name: Shawn Morgan
Street Address (P.O. Box Number is Not Acceptable): 14571 104th St.
City: Live Oak FL Zip Code: 32060

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: Shawn Morgan
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MORGAN, SHAWN 18707 104TH ST LIVE OAK, FL 32060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Shawn Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #