


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90041 011 \*\*\*\*50.00

<b>DOCUMENT # L03000051538</b>	
<b>1. Entity Name</b> MORR LOVE COURIER SERVICE, LLC	

<b>Principal Place of Business</b> 6400 N. DAVIS HIGHWAY, SUITE 3 PENSACOLA FL 32504	<b>Mailing Address</b> 6400 N. DAVIS HIGHWAY, SUITE 3 PENSACOLA FL 32504
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<b>2. Principal Place of Business</b> N/A	<b>3. Mailing Address</b> N/A
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State N/A	City & State N/A
Zip N/A	Country N/A



MOORE CR2E083 (11/03)

<b>6. Name and Address of Current Registered Agent</b>	
MORRIS, ANNA 6400 N. DAVIS HIGHWAY, SUITE 3 PENSACOLA FL 32504	

<b>7. Name and Address of New Registered Agent</b>	
N/A	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> MORRIS, ANNA 6131 BRADSHAW STREET PENSACOLA FL 32526 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> COOPER, JAMES M 6400 N. DAVIS HIGHWAY, SUITE 3 PENSACOLA FL 32526 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** Anne M. Morris James M. Cooper Jr  
4/15/2004 4/15/2004  
850-5162821 850-5546528  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #