


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90141 017 \*\*\*\*50.00

<b>DOCUMENT # L04000002871</b> 1 Entity Name <i>Storch, Morris &amp; Harris, LLC</i>	
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Principal Place of Business  
420 SOUTH NOVA ROAD  
DAYTONA BEACH, FL 32114

Mailing Address  
420 SOUTH NOVA ROAD  
DAYTONA BEACH, FL 32114

20002036



01132006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0590232

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

STORCH, GLENN D  
420 SOUTH NOVA ROAD  
DAYTONA BEACH, FL 32114

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee Is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	GLENN D. STORCH, P.A.
STREET ADDRESS	420 SOUTH NOVA ROAD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	MGRM
NAME	JAMES S. MORRIS, P.A.
STREET ADDRESS	420 SOUTH NOVA ROAD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *James S. Morris*

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

Date *1/18/06*

Daytime Phone # \_\_\_\_\_

ATTACHMENT

20062036  
L04000002871

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Please  
change  
name

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