


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90020 050 *****55.00

DOCUMENT # <u>L04000009439</u>	
1. Entity Name <u>MORRIS KITCHENS + MORE LLC</u> <u>1744 NE 40TH AVENUE</u> <u>OKEECHOBEE, FL 34912</u>	

DO NOT WRITE IN THIS SPACE

20047751

2. Principal Place of Business <u>1744 NE 40TH AVE</u> Suite, Apt. #, etc.	3. Mailing Address <u>1744 NE 40TH AVE</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>OKEECHOBEE FL 34912</u>	City & State <u>OKEECHOBEE FL 34912</u>	4. FEI Number <u>#05-1217633</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>34912</u>	Country <u>OKEECHOBEE</u>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	<u>FRANK L. MORRIS</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1744 NE 40TH AVENUE</u>	
City & State	<u>OKEECHOBEE, FL FL 34912</u>

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

Frank L. Morris

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

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>FRANK L. MORRIS MGR.</u> <u>FRANK L. MORRIS</u> <u>1744 NE 40TH AVENUE</u> <u>OKEECHOBEE FL 34912</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(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:

Frank L. Morris

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

4/22/04

Date

Daytime Phone #

CR2E083B (12/02)