2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 02, 2005 8:00 am Secretary of State

02-02-2005 90151 016 ****50 00

Daytime Phone #

DOCUMENT # L04000035723 1. Entity Name MORGAN'S MAINTENANCE SERVICE LLC						02-02-2003	-	50.00	
Principal Place of Business 401 CALHOUN AVE. DESTIN, FL 32541		Mailing Address 401 CALHOUN AVE. DESTIN, FL 32541			1 10 671 071 0		I Brier ivel evil lene (1888)	# ###	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01182005	Chg-LLC	CR2E083 (10/03)		
City & State		City & State			4. FEI Numb	3-0116	964 N	pplied For ot Applicable	
Zip Country		Zip - · -			5. Certificate of Status Desired Fee Required Fee Required				
,	6. Name and Address of Currer		. 7. Name and Address of New Registered Agent Name						
MORGAN, BLAIR 401 CAŁHOUN AVE.				Street Address (P.O. Box Number is Not Acceptable)					
DESTIN, F									
			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
Fi Di	ling Fee Is \$50.00 ue by May 1, 2005						te check payable to a Department of Sta	te	
9.	MANAGING MEMI	BERS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGR	Delete IIT					Change	☐ Addition	
NAME	MORGAN, BLAIR		NAM	I					
STREET ADDRESS CITY-ST-ZIP	401 CALHOUN AVE. DESTIN, FL 32541			ET ADDRESS • ST - ZIP					
TITLE	MGRM						Change	☐ Addition	
NAME STREET ADDRESS	MORGAN, NANCY 401 CALHOUN AVE.		NAM	E Et adoress					
CITY-ST-ZIP	DESTIN, FL 32541			-ST-ZIP					
TITLE		☐ Delete	TITL	- 1			☐ Change	☐ Addition	
STREET ADDRESS		*	NAM STRE	E Et adoress		••		-`	
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITL	<u> </u>			☐ Change	Addition	
NAME			NAM	1					
STREET ADDRESS CITY-ST-ZIP				ET ADORESS - ST- ZIP	\$ <u>.</u>		***		
TITLE		☐ Delete	TITL				☐ Change	Addition	
NAME STREET ADDRESS			NAW STRI	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP	•				
TITLE		☐ Delete	TITL	E			☐ Change	Addition	
NAME	·		NAM	1					
STREET ADDRESS				EET ADDRESS '+ST-ZIP					
CITY-ST-ZIP	and it that the information are all and	with this filling slope and avenue.			Section 110 07/	N/6) Florida Statuta -	I further continue that the	information	
11. I hereby certify that the information supplied with this filling 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.									