

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # L04000085950		
1. Entity Name MORRISON MEMORIALS, LLC		
Principal Place of Business 13209 BYRD DR. ODESSA, FL 33556 US	Mailing Address 13209 BYRD DR. ODESSA, FL 33556 US	



02122007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1957914	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MORRISON, DONALD 13209 BYRD DR. ODESSA, FL 33556	DO NOT WRITE IN THIS SPACE
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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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORRISON, DONALD 13209 BYRD DR. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORRISON, SARA 13209 BYRD DR. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORRISON, DAN 13209 BYRD DR. ODESSA, FL 33556
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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**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:

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

3-14-07 813-926-8500
Date Daytime Phone #