2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 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

04162008 No Chg-LLC CR2E083 (12/07)

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

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000910830
05/07/08-80016-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MORRISON, DONALD
STREET ADDRESS	13209 BYRD DR.
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	MGRM
NAME	MORRISON, SARA
STREET ADDRESS	13209 BYRD DR.
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	MGRM
NAME	MORRISON, DAN
STREET ADDRESS	13209 BYRD DR.
CITY-ST-ZIP	ODESSA, FL 33556
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: Donald Morrison Managing Member 4/16/08 813-494-5038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #