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	Mailing Address
13209 BYRD DR. ODESSA, FL 33556 US	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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	

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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 L 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 #