

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037211

FILED
Jul 26, 2007
Secretary of State

Entity Name: MORR CONSULTING SERVICES, LLC

Current Principal Place of Business:

3434 HANCOCK BRIDGE PKWY
204
N. FORT MYERS, FL 33903

New Principal Place of Business:

15880 SUMMERLIN ROAD
#300
FORT MYERS, FL 33908

Current Mailing Address:

3434 HANCOCK BRIDGE PKWY
204
N. FORT MYERS, FL 33903

New Mailing Address:

15880 SUMMERLIN ROAD
#300
FORT MYERS, FL 33908

FEI Number: 20-2680093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MORRISSETTE, PAUL D
3434 HANCOCK BRIDGE PKWY
204
N. FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

MORRISSETTE, PAUL D
15880 SUMMERLIN ROAD
#300
FORT MYERS, FL 33908 US

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.

SIGNATURE: PAUL D. MORRISSETTE

07/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MORRISSETTE, PAUL D
Address: 3434 HANCOCK BRIDGE PKWY, STE 204
City-St-Zip: N. FORT MYERS, FL 33903

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MORRISSETTE, PAUL D
Address: 15880 SUMMERLIN ROAD, #300
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL D. MORRISSETTE

RA

07/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date