


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 30, 2007 08:00 AM  
Secretary of State



<b>DOCUMENT # L05000095197</b>					
1. Entity Name <b>MORRIS CUSTOM CABINETS LLC</b>					
Principal Place of Business <b>3565 NW 6TH AVENUE OKEECHOBEE FL 34972</b>			Mailing Address <b>3565 NW 6TH AVENUE OKEECHOBEE FL 34972</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>MORRIS, CLIFFORD A 3565 NW 6TH AVENUE OKEECHOBEE FL 34972</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstalling)					
DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	MORRIS, CLIFFORD A				
STREET ADDRESS	3565 NW 6TH AVENUE				
CITY - ST - ZIP	OKEECHOBEE FL 34972				
TITLE	MGRM	<input type="checkbox"/> Delete			
NAME	MORRIS, SUSANNE				
STREET ADDRESS	3565 NW 6TH AVENUE				
CITY - ST - ZIP	OKEECHOBEE FL 34972				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					

1st MOORE CR2E083 (10/06)

4. FEI Number **65-0599626** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

U00000611708  
02/02/07-80074-007 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Clifford A. Morris  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/27/07  
Date Daytime Phone #