

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90057 039 \*\*\*150.00

DOCUMENT # L05000099036

1. Entity Name

MORROW & ASSOCIATES, LLC



Principal Place of Business

716 BERRY LANE  
PONTE VERDA BEACH FL 32082

Mailing Address

P.O. BOX 3674  
PONTE VERDA BEACH FL 32000-4

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

1st MOORE CR2E083 (10/06)

4. FEI Number

20-3622561  
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAINER, FRANK P  
411 EAST COLLEGE AVENUE  
TALLAHASSEE FL FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

9. 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 or state if applicable

(NOTE: Registered Agent signature required when remaining)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO MORROW, HAL P O BOX 3674 PONTE VEDRA BEACH FL 32004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

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

Date

Daytime Phone #

*Pres. Hal Morrow* 3.2.07 904.280.0504

# ATTACHMENT

30002101

#105000099036

Form **SS-4**

## Application for Employer Identification Number

(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

Morrow F Associates, LLC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

HAL MORROW

4a Mailing address (room, apt., suite no. and street, or P.O. box)

P.O. BOX 3674

5a Street address (if different) (Do not enter a P.O. box.)

716 BERRY LANE

4b City, state, and ZIP code

Ponte Vedra Beach FL 32084-3674

5b City, state, and ZIP code

Ponte Vedra Beach, FL 32082

6 County and state where principal business is located

St. Johns FL

7a Name of principal officer, general partner, grantor, owner, or trustee

HAL MORROW

7b SSN, ITIN, or EIN

417-94-3867

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)

☐ Partnership

☐ Corporation (enter form number to be filed) ▶

☐ Personal service corp.

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ▶

☒ Other (specify) ▶ Limited Liability Company

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Trust (SSN of grantor)

☐ National Guard

☐ State/local government

☐ Farmers' cooperative

☐ Federal government/military

☐ REMIC

☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

FL

Foreign country

9 Reason for applying (check only one box)

☒ Started new business (specify type) ▶ Consulting

☐ Hired employees (Check the box and see line 12.)

☐ Compliance with IRS withholding regulations

☐ Other (specify) ▶

☐ Banking purpose (specify purpose) ▶

☐ Changed type of organization (specify new type) ▶

☐ Purchased going business

☐ Created a trust (specify type) ▶

☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)

10-07-05

11 Closing month of accounting year

DEC 2005

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶ 01-01-06

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." . . . . . ▶

Agricultural

Household

Other

14 Check one box that best describes the principal activity of your business.

☐ Construction

☐ Rental & leasing

☐ Transportation & warehousing

☐ Health care & social assistance

☐ Wholesale-agent/broker

☐ Real estate

☐ Manufacturing

☐ Finance & insurance

☐ Accommodation & food service

☐ Wholesale-other

☐ Retail

☒ Other (specify) Consulting - Industry

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . ☒ Yes ☐ No  
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  
Legal name ▶ HAL MORROW Trade name ▶ MORROW ASSOCIATES, INC.

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

(Approximate date when filed (mo., day, year))

9-1996

(City and state where filed)

Jacksonville, Florida

(Previous EIN)

59-3405822

Third Party Designee

Designee's name

Address and ZIP code

Designee's telephone number (include area code)

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ HAL MORROW - CEO

Signature ▶ Hal Morrow

Date ▶ 10-14-05

Applicant's telephone number (include area code)

(904) 280-0504

Applicant's fax number (include area code)

(904) 280-7442

# ATTACHMENT

Page 1 of 1

Subj: **Morrow & Associates, LLC**  
Date: 10/13/2005 11:35:21 AM Eastern Standard Time  
From: [rainersrc@earthlink.net](mailto:rainersrc@earthlink.net)  
To: [MorrowSafe@cs.com](mailto:MorrowSafe@cs.com)  
File: **Scan1694.pdf** (61867 bytes) DL Time (50666 bps): < 1 minute  
*Received from Internet: [click here for more information](#)*

30002101  
#LD5000099086

Full  
10-13-05  
OK

Hal:

Attached is the application for the EIN number. I need some information from you to complete. The circled items are the ones you need to provide information for. Also, some of them may not be applicable but let me know.

-- Frank P. Rainer  
-- Sternstein, Rainer & Clarke, P.A.  
411 East College Avenue  
Tallahassee, Florida 32301  
850.577.6557 ext. 12  
850.577.6599 (fax)  
850.443.9054 (cell)

**IMPORTANT:** The information contained in this e-mail message is confidential and attorney client privileged, as applicable. Unless explicitly set forth herein, this electronic mail transmission is not intended (and may not be construed or deemed for any purpose) to contain or be an electronic signature or to form, modify, amend or terminate any contract.

The information contained in this transmission may contain privileged and confidential information. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

**Tax Advice Disclosure:** To ensure compliance with requirements imposed by the IRS under Circular 230, we inform you that any U.S. federal tax advice contained in this communication (including any attachments), unless otherwise specifically stated, was not intended or written to be used, and cannot be used, for the purpose of (1) avoiding penalties under the Internal Revenue Code or (2) promoting, marketing or recommending to another party any matters addressed herein.

338-9762

ATTACHMENT

Page 1 of 2

Subj: **FW: Corporate Filing - 500060348185**  
Date: 10/12/2005 8:57:03 AM Eastern Standard Time  
From: [rainersrc@earthlink.net](mailto:rainersrc@earthlink.net)  
To: [MorrowSafe@cs.com](mailto:MorrowSafe@cs.com)  
Received from Internet: [click here for more information](#)

#L05000099036

Attn: *Clude*  
10-13-05

Please file for  
FEI - ASAP

*Charles*  
*Hal*

Hal:

Here is the receipt for the corporate filing.

-- Frank P. Rainer  
-- Sternstein, Rainer & Clarke, P.A.

IMPORTANT: The information contained in this e-mail message is confidential and attorney client privileged, as applicable. Unless explicitly set forth herein, this electronic mail transmission is not intended (and may not be construed or deemed for any purpose) to contain or be an electronic signature or to form, modify, amend or terminate any contract.

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-----Original Message-----

From: [limitedonline@dos.state.fl.us](mailto:limitedonline@dos.state.fl.us)  
[mailto:[limitedonline@dos.state.fl.us](mailto:limitedonline@dos.state.fl.us)]  
Sent: Monday, October 10, 2005 8:53 AM  
To: [RAINERSRC@EARTHLINK.NET](mailto:RAINERSRC@EARTHLINK.NET)  
Subject: Corporate Filing - 500060348185

The Articles of Organization for MORROW & ASSOCIATES, LLC were filed electronically on October 07, 2005, effective October 07, 2005, as verified by the letter and authentication number shown below and were assigned document number L05000099036. Please refer to this number whenever corresponding with this office.

Electronic filing and certification is provided for in section 15.16, Florida Statutes and has the same legal effect as any other filing or certificate.

A limited liability company annual report/uniform business report will be due this office between January 1 and May 1 of the year following the calendar year of the file/effective date. A Federal Employer Identification (FEI) number will be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-3676 and requesting form SS-4.

# ATTACHMENT

Page 2 of 2

Please be aware if the limited liability company address changes, it is the responsibility of the limited liability company to notify this office.

30002101  
#L05000099036

Should you have any questions regarding this matter, please contact this office at the address given below.

Judy Sadler  
Corporate Section Administrator  
Registration Section

~~~Division of Corporations - P.O. Box 6327 - Tallahassee, FL  
32314

Letter Number: 051010085319-500060348185