

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000033582

1. Entity Name  
MORRIS EQUIPMENT LEASING, L.L.C.



Principal Place of Business  
6845 SE 221ST ST.  
HAWTHORNE, FL 32640

Mailing Address  
PO BOX 1230  
HAWTHORNE, FL 32640

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

04292011 Chg-LLC CR2E083 (11/08)

4. FEI Number  
59-2782623

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, ELLERY P  
6845 SE 221ST ST.  
HAWTHORNE, FL 32640

Name

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

City

FL

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

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, 2011 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MORRIS, ELLERY P  
6845 SE 221ST ST.  
HAWTHORNE, FL 32640 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
400207671474  
05/16/11--01001--001 \*\*138.75

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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:

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

5/16/11

Date

Daytime Phone #

1 of 2

FILED

11 MAY 12 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



JB



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 29, 2011

MORRIS EQUIPMENT LEASING, L.L.C.  
PO BOX 1230  
HAWTHORNE, FL 32640

SUBJECT: MORRIS EQUIPMENT LEASING, L.L.C.  
Ref. Number: L07000033582

2 of 2  
*Returned with  
check on 5/10/11*

FILED  
11 MAY 12 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We are enclosing the proper form(s) with instructions for your convenience.

The total amount due is \$138.75.

Please note all future annual reports must be submitted online.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock

Registration/Qualification Section  
Division of Corporations Letter Number: 911A00010430