

L10000131178

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAUTHEN AND FELDMAN, P.A.
Account Number : I19980000085
Phone : (352) 343-2225
Fax Number : (352) 343-7759FILED
12 MAR -8 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
MORRIS ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

C. LEWIS
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COVER LETTER**FILED****12 MAR -8 AM 7:30****TO:** Amendment Section
Division of CorporationsSECRETARY OF STATE
TALLAHASSEE, FLORIDA**SUBJECT:** Morriss Enterprises, LLC
Name of Limited Liability Company**DOCUMENT NUMBER:** L10000131178

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William H. Cauthen, Esquire
Name of PersonCauthen & Feldman, P.A.
Name of Firm/Company215 North Joanna Avenue
AddressTavares, FL 32378
City/State and Zip CodeE-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terry Strait at (352) 343-2225
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**STREET ADDRESS:**Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

William H. Cauthen, hereby resigns as
Name of Registered Agent

Registered Agent for Morriss Enterprises, LLC

Name of Limited Liability Company

L10000131178

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

William H. Cauthen
Signature of Resigning Agent

If signing on behalf of an entity:

Morriss Enterprises, LLC

Typed or Printed Name

Registered Agent

Capacity

FILED
12 MAR -8 AM 7:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (08/05)