

L16000035101

(Requestor's Name)

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(Address)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUL 22 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Morrison Hauling LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen E. Morrison
Name of Person

Morrison Hauling LLC
Firm/Company

P.O. Box 1328
Address

Anthony, FL 32617
City/State and Zip Code

Kemorrison1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen E. Morrison at (352) 205-9595
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- _____, FL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 21 PM12:33

Loren R. Morrison
Signature of Registered Agent

INHS18 (2/14)