

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000002294

1. Entity Name
MORGAN GROUP LLC



Principal Place of Business
1060 W. SILVERBELL ROAD
ORION, MI 48359

Mailing Address
1060 W. SILVERBELL ROAD
ORION, MI 48359

FILED
Aug 18, 2008 08:00 AM
Secretary of State



07142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2406186

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARAS, CARLOS
3464 SW 15TH STREET
DEERFIELD BEACH, FL 33442

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HORNUNG, MICHAEL J
1060 W. SILVERBELL ROAD
ORION, MI 48359

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CLAPPERTON, J. MICHAEL
1060 W. SILVERBELL ROAD
ORION, MI 48359

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SIMON, BRAD
1060 W. SILVERBELL ROAD
ORION, MI 48359

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
O'MALLEY, KEVIN
1060 W. SILVERBELL ROAD
ORION, MI 48359

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000957937
08/18/08-80009-007 138.75

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IN THIS SPACE**

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: J. Michael Clapperton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Aug 15, 2008 / (248) 232-0010
Date Daytime Phone #