

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000044653

**Entity Name:** MOR OFFICE COMPLEX, LLC

**Current Principal Place of Business:**

4031 N.W. 97TH BLVD  
SUITE D  
GAINESVILLE, FL 32606

**Current Mailing Address:**

3506 N.W. 5TH STREET  
GAINESVILLE, FL 32609

**FEI Number:** 80-0605261

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

O'REILLY, MONICA  
3506 N.W. 5TH STREET  
GAINESVILLE, FL 32609 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | MGR                  |
| Name            | O'REILLY, MONICA B   |
| Address         | 3506 N.W. 5TH STREET |
| City-State-Zip: | GAINESVILLE FL 32609 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MONICA O'REILLY

**OWNER**

**02/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date