

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000008529

**Entity Name:** MURIEL AVENUE, LLC

**Current Principal Place of Business:**

3528 COMO STREET  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

3528 COMO STREET,  
PORT CHARLOTTE, FL 33948

**FEI Number:** 20-4272619

**Certificate of Status Desired:** No

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

LARKIN, PHYLLIS  
3528 COMO STREET,  
PORT CHARLOTTE, FL 33948 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 MGRM  
Name LARKIN, PHYLLIS  
Address 3528 COMO STREET  
City-State-Zip: PORT CHARLOTTE FL 33948

Title MANAGER  
Name LARKIN, MICHAEL J  
Address 3528 COMO STREET  
City-State-Zip: PORT CHARLOTTE FL 33948

*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:** PHYLLIS LARKIN

**MGRM**

**04/28/2016**

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

\_\_\_\_\_  
Date