# that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

#### **Current Principal Place of Business:** 2601 WELLS AVE #181 CASSELBERRY, FL 32730

## **Current Mailing Address:**

DOCUMENT# L07000024226

**10 EAST ROSEVEAR STREET** ORLANDO, FL 32804

## FEI Number: 20-8587515

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: MURPHY CONSTRUCTION & MANAGEMENT, LLC

MURPHY, MARK E 10 EAST ROSEVEAR STREET ORLANDO, FL 32804 US

Authorized Person(s) Detail :

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:

Title	MGRM	Title	VP
Name	MURPHY, MARK E	Name	MURPHY, WILLIAM E
Address	10 EAST ROSEVEAR STREET	Address	840 KENILWORTH TERRACE
City-State-Zip:	ORLANDO FL 32804	City-State-Zip:	ORLANDO FL 32803

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

SIGNATURE: MARK MURPHY

PRESIDENT

05/03/2016 Date

## FILED May 03, 2016 Secretary of State CC4759975088

Certificate of Status Desired: No

Date