2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 00000010933

1. Entity Name
John W. Murnane Enterprises LLC.

FILED
01 AUG -6 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4210 Del Prado Blvd S Cape Coral, FL 33904	4210 Del Prado Blvd S Cape Coral, FL 33904

2. Principal Place of Business		3. Mailing Address	
4210 Del Prado Blvd S		4210 Del Prado Blvd S	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Cape Coral, FL		City & State: Cape Coral, FL	
Zip: 33904	Country: Lee	Zip: 33904	Country: Lee

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1043149 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
John W. Murnane 4210 Del Prado Blvd S Cape Coral, FL 33904	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

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 $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John W. Murnane 4210 Del Prado Blvd S Cape Coral, FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500004523645--7 -08/08/01--01013--007 *****55.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John W. Murnane 8-1-01 941-549-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE