

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000019210

1. Entity Name
MURPHY & ASSOCIATES, LLC



Principal Place of Business
2701 ROCKY POINT DR
SUITE 995
TAMPA, FL 33607

Mailing Address
2701 ROCKY POINT DR
SUITE 995
TAMPA, FL 33607



08032004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3758676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA PA
1840 CORAL WAY
4TH FL
MIAMI, FL 33145

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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

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SALAM, WAJED
STREET ADDRESS 2701 ROCKY POINT DRIVE, SUITE 995
CITY-ST-ZIP TAMPA, FL 33607

TITLE MGR
NAME MURPHY, JOEL
STREET ADDRESS 2701 ROCKY PT. DR., SUITE 995
CITY-ST-ZIP TAMPA, FL 33607

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U00000172068
09/10/04-80001-022 50.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/4/04 813637 9999