

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019210

Entity Name: MURPHY & ASSOCIATES, LLC

FILED
Feb 24, 2009
Secretary of State

Current Principal Place of Business:

2701 ROCKY POINT DR
SUITE 995
TAMPA, FL 33607

New Principal Place of Business:

34820 US HWY 19 NORTH
PALM HARBOR, FL 34684

Current Mailing Address:

PO BOX 22572
TAMPA, FL 33622 US

New Mailing Address:

34820 US HWY 19 NORTH
PALM HARBOR, FL 34684

FEI Number: 59-3758676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CHECHELE, SAMANTHA
7127 1ST AVE SOUTH
ST. PETERSBURG, FL 33707 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: SAMANTHA CHECHELE

02/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SALAM, WAJED
Address: 2701 ROCKY POINT DRIVE, SUITE 995
City-St-Zip: TAMPA, FL 33607

Title: MGRM (X) Delete
Name: MURPHY, JOEL
Address: 2701 ROCKY PT. DR. , SUTIE 995
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MURPHY, JOEL D
Address: 34820 U.S. HWY 19 N.
City-St-Zip: PALM HARBOR, FL 34684

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOEL D. MURPHY

MGR

02/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date