

192

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L01000019975**

1. Entity Name

ShopperAssistant, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1401 Manatee Ave W**

3. Mailing Address  
**1401 Manatee Ave W**

Suite, Apt. #, etc.  
**Suite 910**

Suite, Apt. #, etc.  
**Suite 910**

City & State  
**Bradenton, Florida**

City & State  
**Bradenton, Florida**

Zip  
**34205**

Country  
**USA**

Zip  
**34205**

Country  
**USA**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name  
**Frederick J. Murrell**

Street Address (P.O. Box Number is Not Acceptable)

**1401 Manatee Avenue West Suite 910**

City  
**Bradenton**

**FL**

Zip Code  
**34205**

**DO NOT WRITE  
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.

SIGNATURE

*[Signature]*

**Frederick J. Murrell, Managing Member**

**10/23/2002**

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**400008677014**

**10/23/02 01141 001 \*\*50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Managing Member  
Frederick J. Murrell  
1401 Manatee Ave W Ste 910  
Bradenton, Florida 34205**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Bradenton Florida 34205**

TITLE  
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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]*

**Frederick J. Murrell, Managing Member 10/23/2002 (941)741-8906**

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

Date

Daytime Phone #

CR2E083B (12/01)

# ShopperAssistant, LLC

2 of 2

October 23, 2002

Division of Corporations  
PO Box 6478  
Tallahassee, FL 32314

To Whom It May Concern:

We received a notice from the Florida Department of State advising us of its intent to dissolve or revoke our limited liability company. I called (850)245-6051 and spoke with a representative of the Division of Corporations. The representative explained to me that the Florida Department of State sent out notices in January and June of this year. I explained to her that our office did not receive either of the prior notices for any of our companies. We verified the address and noticed there was a discrepancy in the suite number. Instead of suite 910 our old suite number was listed.

The representative told me that our company could download the form from [www.sunbiz.org](http://www.sunbiz.org) and pay the \$50.00 fee. If you have any questions, please call the number above. I really appreciate your assistance.

Sincerely,



Pamela E. Heron  
Marketing Assistant

3 companies are at our location

Commercecode, LLC

DiPub, LLC

ShopperAssistant, LLC