

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022719

Entity Name: JOHN V. & SANDRA A. MURRAY, LLC

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

16174 FOREST OAKS DR.  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

16174 FOREST OAKS DR.  
FORT MYERS, FL 33908

**New Mailing Address:**

FEI Number: 65-1100621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MURRAY, JOHN V  
16174 FOREST OAKS DR.  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

MURRAY, SANDRA A  
16174 FOREST OAKS DR.  
FORT MYERS, FL 33908 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: SANDRA A. MURRAY

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MURRAY, JOHN V  
Address: 16174 FOREST OAKS DR  
City-St-Zip: FORT MYERS, FL 33908

Title: MGR (X) Delete  
Name: MURRAY, SANDRA A  
Address: 16174 FOREST OAKS DR  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MURRAY, SANDRA A  
Address: 16174 FOREST OAKS DR  
City-St-Zip: FORT MYERS, FL 33908

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: SANDRA A. MURRAY

MGR.

04/29/2008

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