LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOC	IME	NT	#	L0200	003	4311
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1. Entity Name



FILED

03 APR 28 AM 8: 29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PRISCILLA MURPHY REALTY, LLC			W. T.	SECRETARY OF STATE  SECRETARY OF STATE  TALLAHASSEE FLORIDA				
DO NOT W	RITE IN THIS S	PAC		TÄLL	VHY22EE   Form			
2. Principal Place of Business 530 Oak Ct Dr.	3. Mailing Address 530 Oak Ct Di	3. Mailing Address 530 Oak Ct Dr.					Ma uun	
Suite, Apt. #, etc. Ste 360	Suite, Apt. #, etc. Ste 360				DO NOT WRITE IN TH	S SPACE	MAH	
City & State Memohis, TN	City & State Memphis, TN	Memphis, TN			125		Applied For Not Applicable	
Zip Country USA	Zip 38117	Coun US		5. Certificate of Status Desired				
		7. Name and Address of Current Registered Agent  Name CT Corporation System						
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable)  1200 South Pine Island Road					
' IN THIS SPACE			1200 South Pine Island Road					
			City Plantati	lon	F	L Zipá	3324	
<ol><li>The above named entity submits this s the obligations of registered agent.</li></ol>	tatement for the purpose of changing its	s registere	ed office or registere	ed agent, or both, i	in the State of Florida. I am	n familiar w	ith, and accept	
SIGNATURE								
Signature, typed or printed name of re		FEE IS			DATE			
`	Make Check Payat	ble to Flo DUE BY		it of State	,			
	NG MEMBERS/MANAGERS							
TITLE MGR NAME Olin, James S. STREET ADDRESS 530 Oak Ct. Dr., Ste 360 CITY-ST-ZIP Memphis, TN 38117		THE REAL PROPERTY.						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			estimates escribis	<b>80</b> 0 04/28/0	9017129° 90-7100-7100°	148 **50.	00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	a, v	<b>*************************************</b>		DO	NOT WR	ITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>電網網</b> 網		IN.	THIS SPA	CE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>建筑建筑型</b>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

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 eignafule 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 trusted employee to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_

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

Date

Daytime Phone #