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

DOCUMENT # L02000034321

1. Entity Name



FILED 03 APR 28 AM 8: 29

PRISCIBLA MORPHY VACATION RENTALS, LLC					SECRETARY OF STATE TALLAHASSEE FLORIDA		
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2. Principal Place of Business 530 Oak Ct. Drive		3. Mailing Address 530 Oak Ct Dr	rive			24 11	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-10-		DO NOT WRITE IN THIS SPACE	MJ	
Ste 360 City & State		Ste 360 City & State			4. FEI Number	Applied For	
Memphis, TN		Memphis, TN			65–1176010	Not Applicable	
38117/	Country USA	Zip 38117	Cour	ŕ		Additional equired	
					7. Name and Address of Current Registered Agent	t	
DO NOT WRITE Street Address (				P.O. Box Number is Not Acceptable)			
	IN THIS SP	ran e Guidelle autoritation de la confession de la confes	T AA		South Pine Island Road		
				City Planta		33324	
<ol><li>The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.</li></ol>					ed agent, or both, in the State of Florida. I am familiar	with, and accept	
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SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable.	estraction of participation	DATE			
		Make Check Payal	ble to Fi	\$50.00 lorida Departmer Y MAY 1	it of State		
9.	MANAGING MEMBE	RS/MANAGERS					
NAME	Olin, James S.		TITL NAM	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
STREET ADDRESS CITY-ST-ZIP	530 Oak Ct. Dr., St	e 360		eet address St-Zip			
TITLE	Memphis, TN 38117	<u>,                                     </u>	GHY DTL	ngenhebus agregalie van engenhebus Kurturan dan Kara			
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NAME			NAM	E			
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #