

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

7/2

07-29-2003 90055 017 ****55.00

DOCUMENT # L02000034438

1. Entity Name

CHRISTINE M. MURRAY, LMHC, LLC



Principal Place of Business

**2550 JAY'S NEST LANE
HOLIDAY FL 34691**

Mailing Address

**2550 JAY'S NEST LANE
HOLIDAY FL 34691**

55054122



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

30-0151130

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALES, LARRY J
C/O TEW, BARNES & ATKINSON, LLP.
2655 MCCORMICK DRIVE
CLEARWATER FL 33759**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Christine M. Murray **CHRISTINE M. MURRAY**

DATE

7/25/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
MURRAY, CHRISTINE M
2550 JAY'S NEST LANE
HOLIDAY FL 34691**

☐ Delete

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NAME
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CITY-ST-ZIP

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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:

Christine M. Murray **CHRISTINE M. MURRAY**

7/25/03

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

Date

Daytime Phone #

CR2E083 (4/03)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 30, 2003

CHRISTINE M. MURRAY, LMHC, LLC
2550 JAY'S NEST LANE
HOLIDAY, FL 34691

Subject: CHRISTINE M. MURRAY, LMHC, LLC

Reference Number: L02000034438

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RH

ANNUAL REPORTS SECTION

attachment

50054122

#L02000034438

Returning the
form with
Block # 4 filled
out.
Thank you
Christine Murray