

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 30 AM 9:40

DOCUMENT # L03000041156

1. Entity Name
MURRAY PROPERTIES, LLC



Principal Place of Business
2997 APALACHEE PARKWAY
#221
TALLAHASSEE, FL 32301 US

Mailing Address
1400 VILLAGE SQUARE BLVD
#3-193
TALLAHASSEE, FL 32312 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12212005 REIN-LLC CR2E101 (6/04)

4. FEI Number
20-0996647

Applied
Not App

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, JOHN R
1400 VILLAGE SQUARE BLVD
#3-193
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

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 a the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

John R. MURRAY

12-21-2005

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MURRAY, JOHN R
2997 APALACHEE PARKWAY
TALLAHASSEE, FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800062513858
12/30/05--01054--016 **50.00 ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JOHNSON, PAULA
37 MARSEILLES
LAGUNA NIGEL, CA 92677 ☐ Delete

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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 above, sign in wrong place*

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

Date

Daytime Phone #