04-19-2005 90031 003 ****50.00
L04000003387

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 17 PM 2:17

30009457

04132005 Chg-LLC CR2E083 (10/03)

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000003387

1. Entity Name
MURPHY'S LAW, LLC

Principal Place of Business	Mailing Address
11478 PINE ST. JACKSONVILLE, FL 32258	11478 PINE ST. JACKSONVILLE, FL 32258

2. Principal Place of Business		3. Mailing Address	
11555 CENTRAl PARKWAY		11555 CENTRAl PARKWAY	
Suite, Apt. #, etc. 1102		Suite, Apt. #, etc. 1102	
City & State Jacksonville FL.		City & State Jacksonville FL.	
Zip 32224	Country USA	Zip 32224	Country USA

4. FEI Number 55-0855788 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATTERSON, BOND & LATSHAW, P.A.
3010 S THIRD ST
JACKSONVILLE BEACH, FL 32250

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 accept the obligations of registered agent.

SIGNATURE [signature] APRIL 13, 2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER CLINT MURPHY #1102, 11555 CENTRAl PKWAY Jacksonville FL. 32224 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER Johnny Dudley 11478 PINE ST. Jacksonville, FL. 32258 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 4-13-2005 904 645 0644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #