

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000003387

1. Entity Name
MURPHY'S LAW, LLC



Principal Place of Business
**11555 CENTRAL PARKWAY, #1102
JACKSONVILLE, FL 32224**

Mailing Address
**11555 CENTRAL PARKWAY, #1102
JACKSONVILLE, FL 32224**



07032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0855788	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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**

**DO NOT WRITE
IN THIS SPACE**

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, 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 September 6, 2006**

U00000569855
07/13/06-80005-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY, CLINT 11555 CENTRAL PARKWAY, #1102 JACKSONVILLE, FL 32224
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUDLEY, JOHNNY 11555 CENTRAL PARKWAY, #1102 JACKSONVILLE, FL 32224
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____

Clint Murphy