# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L04000039442**

1. Entity Name MURPHY ENTERPRISES LLC



**FILED** Apr 13, 2007 08:00 Al Secretary of State

Principal Place of Business

10896 MULLER ROAD FT. PIERCE, FL 34945 Mailing Address

1313 WEST MIDWAY ROAD FORT PIERCE, FL 34982

### DO NOT WRITE IN THIS SPACE

02212007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1167249

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, JOHN A 10896 MULLER ROAD FT. PIERCE, FL 34945

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	named entity submits this statement for the purpose of charitons of registered agent.	l. Inging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE.			· · · · · · · · · · · · · · · · · · ·
	Signature, typed or printed name of registered egent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
' FI	iling Fee is \$50.00 ue by May 1, 2007		•
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	MURPHY, JOHN A		
STREET ADDRESS	10896 MULLER ROAD		
CITY-ST-ZIP	FT. PIERCE, FL 34945		
TITLE	MGRM	<del></del>	
NAME	MURPHY, AMBER C		
STREET ADDRESS	10896 MULLER ROAD		
CITY-ST-ZIP	FT. PIERCE, FL 34945		

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000000705799 04/24/07-80009-002 55.00

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
	fimited liability company or the receiver or trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CRY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE

NAME . STREET ADDRESS CHY-ST-ZIP

CITY-ST-ZIP TITLE