

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000043004**

1. Entity Name

**MURRAY & SONS, LLC**



Principal Place of Business

**891 LAKEVIEW DRIVE  
DELAND, FL 32720**

Mailing Address

**891 LAKEVIEW DRIVE  
DELAND, FL 32720**



03302006 No Chg-LLC

CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**56-2464661**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MURRAY, JACK E  
1355 LAKEVIEW DRIVE  
DELAND, FL 32720**

**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

*Jack E. Murray*

**JACK E. MURRAY**

**03-30-06**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**MGR  
MURRAY, JACK E  
1355 LAKEVIEW DRIVE  
DELAND, FL 32720**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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**U00000490191  
04/18/06-80047-012 50.00**

**DO NOT WRITE  
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 606, Florida Statutes.

**SIGNATURE:**

*Jack E. Murray*

**JACK E. MURRAY**

**3-30-06 (386) 734-6483**

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

Date

Daytime Phone #