

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094209

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: MURRAY & GUARI TRIAL ATTORNEYS PL

## Current Principal Place of Business:

1525 NORTH FLAGLER DRIVE  
SUITE 100  
WEST PALM BEACH, FL 33401 US

## New Principal Place of Business:

## Current Mailing Address:

1525 NORTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401 US

## New Mailing Address:

1525 NORTH FLAGLER DRIVE  
100  
WEST PALM BEACH, FL 33401 US

FEI Number: 47-0949166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MURRAY, SCOTT C  
359 SEASPRAY AVENUE  
PALM BEACH, FL 33480 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MURRAY, SCOTT C  
Address: 359 SEASPRAY AVENUE  
City-St-Zip: PALM BEACH, FL 33480 US

Title: MGRM ( ) Delete  
Name: GUARI, JASON J  
Address: 1007 KARA WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: GUARI, JASON J  
Address: 217 LIST ROAD  
City-St-Zip: PALM BEACH, FL 33480 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT C. MURRAY

MGRM

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date