

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90018 039 ****50.00

DOCUMENT # L05000076012

1. Entity Name
WESTPORT MURRELL, LLC



Principal Place of Business
931 STRATFORD PLACE
MELBOURNE, FL 32941

Mailing Address
931 STRATFORD PLACE
MELBOURNE, FL 32941

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
2825 Business Center Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#B5

City & State

City & State
Melbourne, FL

Zip

Country

Zip
32940

Country
USA

01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3245424

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARDSON, BARRY F
931 STRATFORD PLACE
MELBOURNE, FL 32941

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, 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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME RICHARDSON, BARRY F
STREET ADDRESS 931 STRATFORD PLACE
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE MGR ☐ Delete
NAME KENDUST, RICK
STREET ADDRESS 7630 N WICKHAM RD SUITE 102
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE MGR ☐ Delete
NAME TURNER, JEAN
STREET ADDRESS 149 ST CROIX AVE
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

Barry Richardson 1-15-07 321-254-914-5