

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000058441

Entity Name  
MURPHY & JOYCE LTD. CO.



Principal Place of Business  
3401 GULF SHORE BLVD., UNIT 303  
NAPLES, FL 34102

Mailing Address  
3401 GULF SHORE BLVD., UNIT 303  
NAPLES, FL 34102

2. Principal Place of Business - No P.O. Box #  
3401 Gulf Shore Blvd N.

3. Mailing Address  
3401 Gulf Shore Blvd N.

Suite, Apt. #, etc.  
303

Suite, Apt. #, etc.  
303

City & State  
Naples, FL

City & State  
Naples, FL

Zip  
34103

Country  
USA

Zip  
34103

Country  
USA

02032009 REIN-LLC CR2E101 (1/07)

4. FEI Number  
26-0520758

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

VOLPE, MICHAEL J  
C/O ROBINS, KAPLAN, MILLER & CIRESI, LLP  
711 FIFTH AVENUE SOUTH  
NAPLES, FL 34102

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$277.50**

In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Michael Murphy 3401 Gulf Shore Blvd North #303 Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400142931754 02/05/09--01039--010 **277.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400142931754 02/05/09--01039--011 **5.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 08-09	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	L. SELLERS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FEB 11 2009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXAMINER	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  
Michael J. Volpe, as Authorized Representative

2/3/2009 239-430-7070

2/3/09 Daytime Phone #

FILED

09 FEB 10 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

