

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000053265

Entity Name: JEFF MURGATROYD, LLC

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6716 DENNISON AVE.  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

6716 DENNISON AVE.  
NORTH PORT, FL 34287

**New Mailing Address:**

FEI Number: 20-0401296      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DELMEDICO, REBECCA  
6821 FLROIDIAN CIRCLE  
LAKE WORTH, FL 33463      US

**Name and Address of New Registered Agent:**

DELMEDICO, REBECCA  
6821 FLORIDIAN CIRCLE  
LAKE WORTH, FL 33463      US

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

05/01/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MURGATROYD, JEFF  
Address: 6716 DENNISON AVE.  
City-St-Zip: NORTH PORT, FL 34287

Title: MGRM  
Name: MURGATROYD, KATHY  
Address: 6716 DENNISON AVE.  
City-St-Zip: NORTH PORT, FL 34287

I hereby 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: KATHY MURGATROYD

MGRM

05/01/2010

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