File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	FILED 99 MAR 17 AM 8: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILING FEE $ 188.75	Annual Report $100.00 + $88.75 Corporation Supplemental Fee Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company   **DOCUMENT #** L98000003036

LYNDA MURRY, L.L.C.
9770 PRESTON TRAIL WEST
PONTE VEDRA BEACH FL 32082

1a. Principal Place of Business Address

9770 PRESTON TRAIL WEST
PONTE VEDRA BEACH FL 32082

2 Principal Place of Business	**2a.** Mailing Address	**3.** Date Organized or Qualified 12/07/1998	**3a.** State of Formation FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** FEI Number	☑ Applied For
City & State	City & State		☐ Not Applicable
Zip / Country	Zip / Country	**5.** Date of Last Report	**6.** Certificate of Status Desired **$8.75 Additional Fee Required** ☐

7. Name and Address of Current Registered Agent	**8.** Name and Address of New Registered Agent/Office
MURRY, LYNDA LEE 9770 PRESTON TRAIL WEST PONTE VEDRA BEACH FL 32082	Name
	Street Address (P.O. Box Number Is Not Acceptable)
	Suite, Apt. #, etc. 9000028201599 9 -03/26/99--01068--009 ****188.75 ****188.75
	City Zip Code FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____   DATE _____
(Registered Agent Accepting Appointment) (TYPE: Registered Agent's signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	MURRY, LYNDA LEE	9770 PRESTON TRAIL WEST	PONTE VEDRA BEACH FL

SL 3-24-99

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _Lynda Murry, LLC_   3/15/99   (904) 280-1000
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER)   DATE   Daytime Phone #