200	1 UNIFORM BUS	SINESS REPO	ORT (UBR)	<u></u>	:
DOCUMENT # L9900004918				רוו רה	
1. Entity Name MURRAY REAL ESTATE INVESTMENTS, L.L.C.				FILED	-
	•			01 MAR 22 AM 10: 32	
Principal Pla	ce of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
210 W. PLATT ST. TAMPA FL 33606		210 W. PLATT ST. TAMPA FL 33606		IALLAHASSEE, FLORIDA	
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2. Principal I	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3598478	
City & State		City & State		4. FEI Number 25-1435547 Applied For Not Applicab	le l
Zip	Country	Zip .	Country	5. Certificate of Status Desired	1
	6. Name and Address of Currer	nt Registered Agent		7: Name and Address of New Registered Agent	Ⅎ
MURRAY	, Deborah	•	Name	3	
210 W. PLATT ST.			Street Addres	ss (P.O. Box Number is Not Acceptable)	
TAMPA I	FL 33606				7
			City	FL Zip Code	
8. The above	named entity submits this statement	for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida.	_
SIGNATURE					
- CIGITATIONE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Agent signature requ	Jired when reinstating) DATE	_
			OW!!! FEE IS \$50.0 ayable to Department		
9.	MANAGING MEM	BERS / MEMBERS	10.	*****\\$\(\).\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\	_
TITLE	MGRM .	Delete	TATLE	Change Addition	(11/00)
NAME STREET ADDRESS	MURRAY, DEBORAH L 210 W PLATT ST.		NAME STREET ADDRESS	•. `	83 (11
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		CR2E08
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NAME	,	□ belete	NAME	. Crange C Admin	<u> </u>
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TITLE	•	☐ Delete	TITLE	☐ Change ☐ Addition	7
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition	ļ
STREET ADDRESS City-St-2#P	· ·		STREET ADDRESS CITY-ST-ZIP	the second second	
TITLE		☐ Delete	TITLE	∴ Change ☐ Addition	1
NAME STREET ADDRESS		•	NAME STREET ADDRESS	:	
CITY-ST-ZIP			CITY-ST-ZIP	. ,	
morcareu	ertify that the information supplied witl on this report is true and accurate and pility company or the receiver or truste	i inai my sionature snali nave t	ine came lenal effect ac it	Section 119.07(3)(i), Florida Statutes. I further certify that the information f made under oath; that I am a managing member or manager of the apter 608. Florida Statutes.	
	\\carDom \lands		• • • • • • • • • • • • • • • • • • • •	1 1	
SIGNAT	URE: SIGNATURE AND TYPED OR PRINTED NAME OF	OF SIGNING MANAGING MEMBER, MAN	KA () IAGER, OR AUTHORIZED REPRE	SENTATIVE Date Daytime Phone #	
				I Septimo i indire ii	1