

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90052 049 ****50.00

DOCUMENT # L99000004918

1. Entity Name

MURRAY REAL ESTATE INVESTMENTS, L.L.C.

Principal Place of Business

~~210 W. PLATT ST.~~
~~TAMPA FL 33606~~

Mailing Address

~~210 W. PLATT ST.~~
~~TAMPA FL 33606~~

2. Principal Place of Business

1022 NORMANDY TRACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33602

Country

FL

Zip

33602

Country

FL

4. FEI Number **59-3598478**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, DEBORAH

~~210 W. PLATT ST.~~

~~TAMPA FL 33606~~

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MURRAY, DEBORAH L
210 W PLATT ST.
TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1022 NORMANDY TRACE
TAMPA, FL 33602

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

11. I 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 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 REQUIRED**

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

Date

1/14/02

Daytime Phone #

CR2E083 (9/01)