

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000002216

**Entity Name:** MURRAY, STONE & WILSON, LLC

**Current Principal Place of Business:**

ONE TOWER BRIDGE  
100 FRONT ST. SUITE 1230  
WEST CONSHOHOCKEN, PA 19428

**Current Mailing Address:**

ONE TOWER BRIDGE  
100 FRONT ST. SUITE 1230  
WEST CONSHOHOCKEN, PA 19428 US

**FEI Number:** 83-3376166

**Certificate of Status Desired:** No

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

MURRAY, WILLIAM  
601 S. HARBOUR ISLAND BLVD.  
SUITE 109  
TAMPA, FL 33602 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:** WILLIAM P. MURRAY III

02/27/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WILLIAM P. MURRAY, III, PLLC  
Address 601 S. HARBOUR ISLAND BLVD.  
SUITE 109  
City-State-Zip: TAMPA FL 33602

Title MGR  
Name ERICA C. WILSON, PLLC  
Address ONE TOWER BRIDGE  
100 FRONT ST. SUITE 1230  
City-State-Zip: WEST CONSHOHOCKEN PA 19428

Title MGR  
Name MATTHEW T. STONE, PLLC  
Address ONE TOWER BRIDGE  
100 FRONT ST. SUITE 1230  
City-State-Zip: WEST CONSHOHOCKEN PA 19428

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM P MURRAY

MANAGER

02/27/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date