

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90076 034 \*\*\*150.00

DOCUMENT # L03000003611

1. Entity Name  
 M&M AUTO WHOLESALERS, L.L.C.



Principal Place of Business  
 1081 US 1  
 VERO BEACH, FL 32960

Mailing Address  
 1081 US 1  
 VERO BEACH, FL 32960

60041417



**DO NOT WRITE IN THIS SPACE**

04252008 No Chg-LLC CR2E083 (12/07)

4. FEI Number  
 51-0449887

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

~~HAFNER, TROY B~~ Mazzarella, Christopher M  
~~979 BEACHLAND BLVD~~ 50 Old Dixie Hwy  
~~VERO BEACH FL 32963~~ Vero Beach, FL  
 32960

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

4/25/08

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRC
NAME	MAZZARELLA, CHRIS
STREET ADDRESS	<del>444 22ND ST SE</del> 50 Old Dixie Hwy
CITY-ST-ZIP	<del>VERO BEACH, FL 32960</del> Vero Beach FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/25/08

Date

Daytime Phone #