


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000064788

1. Entity Name
MTM, LLC



Principal Place of Business Mailing Address

1936 MICHIGAN AVE NE 1936 MICHIGAN AVE NE
ST. PETERSBURG, FL 33703 US ST. PETERSBURG, FL 33703 US

DO NOT WRITE IN THIS SPACE



04262006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 90-0194683	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARONE, MATTHEW E
1936 MICHIGAN AVE NE
ST. PETERSBURG, FL 33703

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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARONE, MATTHEW E 1936 MICHIGAN AVE NE ST. PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARONE, TRACIE D 1936 MICHIGAN AVE NE ST. PETERSBURG, FL 33703
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 05/12/06-80012-019 50.00

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: *Matthew Marone* *4/26/06* *727-528-2984*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #