

**2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Dec 05, 2008  
Secretary of State**

DOCUMENT# L06000033152

Entity Name: M & M OF PASCO, LLC

**Current Principal Place of Business:**

12054 CURLEY ROAD  
SAN ANTONIO, FL 33576 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 520  
SAN ANTONIO, FL 33576 US

**New Mailing Address:**

37340 ORANGE ROW LANE  
DADE CITY, FL 33525 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

NEWLON, JONATHAN W  
12731 TIMBER RUN  
DADE CITY, FL 33525 US

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

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: JONATHAN W. NEWLON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCDUFFIE, RONNIE  
Address: 12054 CURLEY ROAD  
City-St-Zip: SAN ANTONIO, FL 33576 US

Title: MGRM ( ) Delete  
Name: MATHIS, EDWARD N  
Address: 12054 CURLEY ROAD  
City-St-Zip: SAN ANTONIO, FL 33576 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RONNIE MCDUFFIE

MGRM

12/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date