

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000090345**

1. Entity Name

**M AND M CONSULTING, LLC**



Principal Place of Business

**7000 ESTERO BLVD. #601  
FT. MYERS, FL 33931**

Mailing Address

**7000 ESTERO BLVD. #601  
FT. MYERS, FL 33931**



05242008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**37-1529157**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MANDEL, CARLA  
7000 ESTERO BLVD. #601  
FT. MYERS, FL 33931**

**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)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000952712  
06/04/08-80091-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MANDEL, ALAN M  
7000 ESTERO BLVD. #601  
FT. MYERS, FL 33931**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MANDEL, CARLA  
7000 ESTERO BLVD. #601  
FT. MYERS, FL 33931**

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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:**

*Alan M. Mandel*

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

Date

Daytime Phone #