

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000082396

1. Entity Name
M, LLC



Principal Place of Business

**8740 SE 168TH KITTRIDGE LOOP
THE VILLAGES, FL 32162**

Mailing Address

**8740 SE 168TH KITTRIDGE LOOP
THE VILLAGES, FL 32162**



07102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0099991

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COPELAND, MARIA A
8740 SE 168TH KITTRIDGE LOOP
THE VILLAGES, FL 32162**

**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 _____

**Filing Fee is \$50.00
Due by September 6, 2006**

000000569835
07/13/06-80005-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRD
COPELAND, MARIA A
8740 SE 168TH KITTRIDGE LOOP
THE VILLAGES, FL 32162**

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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: Maria A. Copeland Managing member 07-11-06 (352) 307-3846

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

Date

Daytime Phone #