

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000064522

**Entity Name:** PMM HOLDINGS, LLC

**Current Principal Place of Business:**

3661 WILD PINES DR A 307  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

2026 OAK LEA DR SUITE 101  
WAYZATA, MN 55391

**FEI Number:** 20-2996230

**Certificate of Status Desired:** No

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

JOSEFSON, MARK L  
3661 WILD PINES DRIVE  
A307  
BONITA SPRINGS, FL 34134 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name JOSEFSON, MARK L II  
Address 3661 WILD PINES DRIVE, A307  
City-State-Zip: BONITA SPRINGS FL 34134

Title AMGR  
Name WILSON, KIMBERLY A  
Address 15501 SUSSEX DRIVE  
City-State-Zip: MINNETONKA MN 55345

Title AMGR  
Name CARLSON, STACY L  
Address 17201 90 PLACE N  
City-State-Zip: MAPLE GROVE MN 55311

Title MGR  
Name JOSEFSON, MARK L  
Address 2926 OAK LA DR  
City-State-Zip: WAYZATA MN 55391

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK L JOSEFSON

**MANAGER**

**03/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date