

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000002866

1. Entity Name
M AND M HOLDING COMPANY, L.L.C.



FILED
Feb 17, 2005 08:00 AM
Secretary of State

Principal Place of Business
900 NW 17TH AVE
DELRAY BEACH, FL 33445

Mailing Address
900 NW 17TH AVE
DELRAY BEACH, FL 33445



01182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2228597

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANESTA, MICHAEL MD
900 NW 17TH AVE.
DELRAY BEACH, FL 33445

**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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------|------------------------------|
| TITLE | MGRM |
| NAME | ANESTA, MICHAEL J |
| STREET ADDRESS | 800 N.E. 77 STREET |
| CITY - ST - ZIP | BOCA RATON, FL 33487 |
| TITLE | MGRM |
| NAME | ANESTA, LENORE B |
| STREET ADDRESS | 800 N.E. 77 STREET |
| CITY - ST - ZIP | BOCA RATON, FL 33487 |
| TITLE | MGRM |
| NAME | SILVER, MITCHELL D |
| STREET ADDRESS | 17605 FIELDBROOK CIRCLE EAST |
| CITY - ST - ZIP | BOCA RATON, FL 33496 |
| TITLE | MGRM |
| NAME | SILVER, CAROL Z |
| STREET ADDRESS | 17605 FIELDBROOK CIRCLE EAST |
| CITY - ST - ZIP | BOCA RATON, FL 33496 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

000000233122
02/17/05-80029-019 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael Anesta*

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

Date

Daytime Phone #

MICHAEL ANESTA 2/15/05 561 278 3323