

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000002866

1. Entity Name

M AND M HOLDING COMPANY, L.L.C.



Principal Place of Business

900 NW 17TH AVE
DELRAY BEACH, FL 33445

Mailing Address

900 NW 17TH AVE
DELRAY BEACH, FL 33445



01212008No Chg-LLC

CR2E083 (12/07)

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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	

U000000819837
02/18/08-80004-008 138.75

**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:

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

Date

Daytime Phone #

2/2/08 562 278 3323