

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L01000004130

Entity Name  
IDM AND ASSOCIATES, LLC



Principal Place of Business  
34 INDIES DRIVE  
VERO BEACH, FL 32963-9504 US

Mailing Address  
434 INDIES DRIVE  
VERO BEACH, FL 32963-9504 US



04162007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2175258	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

MEKRAS, SATIRA A  
434 INDIES DRIVE  
VERO BEACH, FL 32963-9504

**DO NOT WRITE  
IN THIS SPACE**

3. 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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MEKRAS, GEORGE D  
434 INDIES DRIVE  
VERO BEACH, FL 329639504

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MEKRAS, SATIRA A  
434 INDIES DRIVE  
VERO BEACH, FL 329639504

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000716077  
04/23/07-80001-023 50.00

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 #