

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000008954

Entity Name: M & M HOLDINGS, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

2598 L'ERMITAGE LANE
NAPLES, FL 34105

New Principal Place of Business:

3073 HORSESHOE DRIVE SOUTH
SUITE 210
NAPLES, FL 34104 US

Current Mailing Address:

2640 GOLDEN GATE PKWY
SUITE 205
NAPLES, FL 34105 US

New Mailing Address:

3073 HORSESHOE DRIVE SOUTH
SUITE 210
NAPLES, FL 34104 US

FEI Number: 40-6723423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MEINERS JR, LOUIS M
2640 GOLDEN GATE PKWY
SUITE 205
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

MEINERS, LOUIS M JR
3073 HORSESHOE DRIVE SOUTH
SUITE 210
NAPLES, FL 34104 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: LOUIS M. MEINERS, JR.

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEINERS, LOUIS M JR
Address: 2598 L'ERMITAGE LANE
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEINERS, LOUIS M JR
Address: 2701 BUCKTHORN WAY
City-St-Zip: NAPLES, FL 34105 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LOUIS M. MEINERS, JR.

MGRM

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date