

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90335 001 ***100.00

DOCUMENT # L01000009325

1. Entity Name

M & M RESTAURANT ENTERPRISES, LLC

Principal Place of Business

**514 CALLE ESCADA
 SANTA ROSA BEACH FL 32459**

Mailing Address

**514 CALLE ESCADA
 SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

4809 W. Highway 98

3. Mailing Address

4809 W. Highway 98

City & State

Panama City FL

City & State

Panama City FL

4. FEI Number

593-72-3869

Applied For

☐ Not Applicable

Zip

Country

32401 US

Zip

Country

32401 US

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURKE, M. TODD ESQ
 BURKE & BLUE PA
 586 GRAND BLVD SUITE 100
 DESTIN FL 32541**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HARBISON, MATTHEW B 514 CALLE ESCADA SANTA ROSA BEACH FL 32459 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HARBISON, MYNTA S 514 CALLE ESCADA SANTA ROSA BEACH FL 32459 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HARBISON, matthew B. 4809 W. Highway 98 Panama City, FL 32401 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HARBISON, mynta s 4809 W. Highway 98 Panama City, FL 32401 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

Mynta S. HARBISON

Date

Daytime Phone #

4-27-02 850-7846633

CR2E083 (9/01)