

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000012464

Entity Name: MM, PM & AM, LLC

FILED
Oct 08, 2007
Secretary of State

Current Principal Place of Business:

201 ROCKEFELLER DR., STE. C
ORMOND BEACH, FL 32176

New Principal Place of Business:

53 ROCKEFELLER DR. SUITE-A
ORMOND BEACH, FL 32176

Current Mailing Address:

201 ROCKEFELLER DR., STE. C
ORMOND BEACH, FL 32176

New Mailing Address:

53 ROCKEFELLER DR. SUITE-A
ORMOND BEACH, FL 32176

FEI Number: 59-2133346 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:

MILLER, ANDREW T
53-A ROCKEFELLER DRIVE
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

MILLER, ANDREW T
53 ROCKEFELLER DRIVE SUITE-A
ORMOND BEACH, FL 32176 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: ANDREW T. MILLER

10/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLER, ANDREW T
Address: 201 ROCKEFELLER DR STE C
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILLER, ANDREW T
Address: 53 ROCKEFELLER DR. SUITE-A
City-St-Zip: ORMOND BEACH, FL 32176

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: ANDREW T. MILLER

MGRM

10/08/2007

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