

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90080 028 ****50.00

DOCUMENT # L01000014659

1. Entity Name
BMM GROUP, LLC



Principal Place of Business

5574 LAKE OSBOURNE DR.
LAKE WORTH FL 33462

Mailing Address

5574 LAKE OSBOURNE DR.
LAKE WORTH FL 33462

2. Principal Place of Business

5804 Oleander Ave

Suite, Apt. #, etc.

3. Mailing Address

5804 Oleander Ave

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip
34982

Country

USA

City & State

Fort Pierce, FL

Zip

34982

Country

USA

4. FEI Number

30-0000000

65-1137117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MYERS, BRAD M
5574 LAKE OSBORNE DRIVE
LAKE WORTH FL 33462

7. Name and Address of New Registered Agent

Name

Myers, Brad M

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

5804 Oleander Ave

City

Fort Pierce

FL

Zip Code

34982

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

April 25th 2003

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MYERS, BRAD M
5574 LAKE OSBORNE DR.
LAKE WORTH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
myers, Brad M
5804 Oleander Ave
Fort Pierce FL

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE REQUIRED MYERS

April 25th 2003 772-464-0324

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

Date

Daytime Phone #

CR2E083 (10/02)