

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L01000019481

1. Entity Name
CMM ENTERPRISES, L.L.C.



Principal Place of Business
**162 ANCHOR DRIVE
VERO BEACH, FL 32963**

Mailing Address
**162 ANCHOR DRIVE
VERO BEACH, FL 32963**



04022008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3753823

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FENNELL, TODD W
979 BEACHLAND BLVD.
VERO BEACH, FL 32963**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000885754

04/10/08 80027-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CALDARONE, MARK P
6020 45TH PL
VERO BEACH, FL 32967**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
AFP ENTERPRISES, INC.
162 ANCHOR DRIVE
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CALDARONE, ANTHONY J
162 ANCHOR DRIVE
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
CALDARONE, JOYCE P
162 ANCHOR DRIVE
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
MAGEE, MARY H
43 W. FRONT ST., SUITE 15
RED BANK, NJ 07701**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Mary H. Magee

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

Mary H. Magee

Date

4/2/08

Daytime Phone #

(732)
212-1280