

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90101 015 ****50.00

DOCUMENT # L02000002561

1. Entity Name
P&M REAL ESTATE LLC



Principal Place of Business

18424 COUNTY LINE RD
SPRING HILL, FL 34610
18824 COUNTY LINE RD

Mailing Address

P.O. BOX 5159
SPRING HILL, FL 34611

24014063



01072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3001447

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAZZUCO, PHILIP
18824 COUNTY LINE RD.
SPRING HILL, FL 34610

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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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	MAZZUCO, PHILIP
STREET ADDRESS	P.O. BOX 5159
CITY-ST-ZIP	SPRING HILL, FL 34611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #