

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
1/1 Feb 08, 2007 8:00 am
Secretary of State

01-11-2007 90128 017 ****50.00

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1. Entity Name
P&M REAL ESTATE LLC



Principal Place of Business
**18824 COUNTY LINE RD.
SPRING HILL, FL 34610**

Mailing Address
**P.O. BOX 5159
SPRING HILL, FL 34611**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-LLC

CR2E083 (11/05)

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. P.O. BOX 5159
SPRING HILL, FL 34610 8090 SUGAR BUSH DR
34611
34606

**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 renewing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
MAZZUCO, PHILIP 8090 SUGAR BUSH DR
P.O. BOX 5159
SPRING HILL, FL 34611 34606

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V P
MICHAEL MAZZUCO
6449 SUGAR TREE DR
SPRING HILL, FL 34607

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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: *Philip Mazzuco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/4/07
Date

Daytime Phone #

PHILIP MAZZUCO