

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

check # 228

01/28/04

FILED

Feb 03, 2004 08:00 AM  
Secretary of State

DOCUMENT # L02000021432

1. Entity Name

P & M, LLC



Principal Place of Business

235 NE 4TH AVENUE  
SUITE 101  
DELRAY BEACH FL 33483  
US

Mailing Address

235 NE 4TH AVENUE  
SUITE 101  
DELRAY BEACH FL 33483  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

51-0421786

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOPLAS, ANN L  
235 NE 4TH AVENUE  
SUITE 101  
DELRAY BEACH FL 33483

Name

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

City

FL

Zip Code

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 \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE P  
NAME FORD, MARK  
STREET ADDRESS 235 NE 4TH AVENUE, SUITE 101  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE P  
NAME PERRI, PETER  
STREET ADDRESS 235 NE 4TH AVENUE, SUITE 101  
CITY-ST-ZIP DELRAY BEACH FL 33483

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1100000026852  
02/03/04-80021-028 50.00

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Mark Ford*

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

Date

Daytime Phone #