

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 17 AM 9:09

DOCUMENT # L03000001973					
1. Entity Name MMB, LLC					
Principal Place of Business 150B AZALEA DRIVE DESTIN, FL 32541 US			Mailing Address 150B AZALEA DRIVE DESTIN, FL 32541 US		
2. Principal Place of Business 285 Hwy 98, Suite C Suite, Apt. #, etc.		3. Mailing Address 285 Hwy 98, Suite C Suite, Apt. #, etc.			
City & State Destin, FL		City & State Destin, FL		4. FEI Number APPLIED FOR	
Zip 32541		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CADENHEAD LAW FIRM 543 HARBOR BLVD. 501 DESTIN, FL 32541				7. Name and Address of New Registered Agent Name: John R. Dowd, JR. Street Address (P.O. Box Number is Not Acceptable): 285 Hwy 98, Suite A City: Destin FL Zip Code: 32541	
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: DATE: 10/13/2006 <small>Signature is typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MGRM NAME: SULLIVAN, MICHAEL STREET ADDRESS: 150B AZALEA DRIVE CITY-ST-ZIP: DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete		TITLE: MGRM NAME: Lauren Clancy STREET ADDRESS: 285 Hwy 98, Suite C CITY-ST-ZIP: Destin, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			DATE: 10/13/2006		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		